

BODIES OF KNOWLEDGE: EXPERIENCE, NARRATIVE AND GENDER
IN EARLY MODERN FRENCH MEDICINE

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My dissertation aims to reconstruct a genealogy of medical writing in the early modern period that foregrounds experiential knowledge and makes room for women as well as sick and non-normative bodies. In literary studies, it traces the trajectory of first-person narratives in medical writings and treatises as they move from iterations of self-care to demonstrations of self-fashioning. It also expands our understanding of early modern autobiographical writing beyond the borders of the literary canon by unearthing new archives of the self in medical discourse. In medical humanities, it refreshes the perspective on the establishment of medical authority by foregrounding rhetorical negotiations in rarely explored archives. In gender studies, it showcases women's efforts to protect and maintain the uniqueness of fundamental practices such as touching and caring for pain. By paying close attention to a plurality of representations of experience-based medical knowledge, this project demonstrates the co-existence of various ethics of medicine and underlines how emerging male-midwives endeavored to appropriate

traditionally female practices in order to rewrite them as male in their dominant discourse on the body.

BIOGRAPHICAL SKETCH

Ophélie Chavaroché completed her Ph.D in French Literature at Cornell University. She previously studied at Université de la Sorbonne Nouvelle, where she received her BA in Comparative Literature, and at Université Paris VIII, where she earned her MA in Gender Studies. She is currently teaching at Sciences Po Paris.

To the loving memory of my grandfather

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At some point near the completion of this study of how the body's interiority was made visible through language I found myself looking at the interior of my own body. I was lying on the operating table at Cayuga Medical Hospital and woke up, briefly, to catch a glance of a surgeon piercing holes into my radius with what looked like an instrument straight from Paré's *Livres de Chirurgie*. It was not a pretty sight. I would like to offer my most sincere thanks to those who were there for me during this difficult period: Eddie Curran, Marilyn Migiel, Isaure Pisani-Ferry, Damien Tissot, and all my amazing Cornell students in my literature course on women writers.

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INTRODUCTION

The Fantasy of the 'Speculum Matricis'

Critical of doctors who do not understand the illnesses afflicting our bodies, Montaigne presents the example of two men whose cadavers have been dissected in order to detect the origin of their ills, declaring:

La chirurgie me semble beaucoup plus certaine, par ce qu'elle voit et manie ce qu'elle fait; il y a moins à conjecturer et à deviner, là où les medecins n'ont point de *speculum matricis* qui leur découvre nostre cerveau, nostre poulmon et nostre foye.¹

Surgery seems to me much more certain, because it sees and feels what it is doing. There is less conjecture and guesswork in it, whereas the doctors have no *speculum matricis* to reveal to them our brain, our lungs, and our liver.²

The contrast Montaigne draws between medical practices based on experience and the senses, and conjectures based on applying theoretical knowledge, is

¹ Michel de Montaigne, *Essais*. Ed. Villey-Saulnier, Paris: Presses universitaires de France, 1965, 774.

² Michel de Montaigne, *The Complete Works: Essays, Travel Journal, Letters*. Trans. Donald Frame, New York: Alfred A. Knopf, 2003, 712.

characteristic of the great epistemological crisis that had animated the Renaissance since anatomists undertook to open and study the interior of the human body. For Montaigne, surgeons' anatomical knowledge undoubtedly superseded the bookish knowledge of physicians because it enabled touching and seeing a body that would otherwise remain unknowable. Here Montaigne conflates anatomists and surgeons because they held the knife that opened the body up and made its mysteries visible; meanwhile, physicians did not even employ the *speculum*, a tool that enabled entry into the depths of the body. In this passage, Montaigne expresses some of the tensions but also some of the fantasies proper to the new science of anatomy. In truth, he attributes to the *speculum matricis* a power it does not have: Montaigne borrows the term from the royal surgeon Ambroise Paré, whose work he admired, and in whose writings he found the illustration of this tool. At the end of his book on kidney stones, Paré explains that the *speculum matricis* had been used by one of his surgeon colleagues to operate on the renal colic of a woman, but that it normally served to “dilater le col de la vulve” [dilate the cervical opening of the vulva]³ in order to observe and touch the uterus of the woman during pregnancy. For Montaigne, however, the *speculum matricis*, meaning “matrix mirror,” became synonymous with a conduit giving visual and tactile access to any organ. More

³ Ambroise Paré, *Dix Livres de la Chirurgie, Avec le Magasin des Instruments Nécessaires à Icelle*, Paris: Jean Le Royer, 1564, 189. Ambroise Paré will use these illustrations again in his treatise on childbirth titled *De la Génération*, 1573.

specifically, it reflected the fantasy of having unlimited access to the inside of the *living* body.

If anatomical science revealed the hitherto unsuspected depths of the body, the fact remained that it was carried out upon a dead, inanimate body devoid of vital function. Anatomical knowledge, though revolutionary, was clearly limited. And even with a tool such as the *speculum matricis* at their disposal, surgeons faced a complication: traditionally, it was the midwives who assisted women during pregnancy and childbirth, and they only called upon surgeons in cases of emergency, when surgical instruments were needed. Thus, even if surgeons shared Montaigne's fascination with the *speculum matricis*, and even if they yearned for the ability to observe and manipulate women's pregnant bodies, they were mostly permitted access to the bodies of parturient mothers who were about to die, and from whom the infant had to be extracted for baptism.

This project takes as its point of departure the fantasy of having access to the secrets of the living body that is embodied in the *speculum matricis*: at a time when anatomy provided knowledge that was limited to the dead body, what other means of knowledge could then be deployed to understand the specificities of the living body? I explore the implications of this question in three types of medical writing: works by a patient, by female midwives, and by male surgeon-midwives. My intention in developing this transversal approach is to demonstrate how experiential

and subjective knowledge of the body became a key element in the development of early modern medical discourse, as it was appropriated by surgeons and recoded in their treatises as rational objective science. In other words, I argue that while surgeons constantly brandished authoritative anatomical knowledge, mostly as a way to protect themselves from accusations of inadequacy, it was in fact experiential knowledge that laid the groundwork for establishing science, and obstetric science in particular. Medical historians have insisted that male-midwives needed to push traditional midwives out of the birthing room in order to gain total access to women's bodies, and they have mostly construed it as a "gender war"; by contrast I argue that in spite of undeniable rampant misogynistic discourse, the struggle for power was instead a war over gendered *practices*, such as the traditionally feminine practice of touching and caring for pregnant bodies.

In this project, I focus on authors who not only discussed medical matters from the varying perspectives of patient, midwife and surgeon, but also wrote first-person narratives staging their own medical interventions. These narratives take different forms –a personal diary, a memoir, a series of case studies- but they all testify to their authors' desire to explore or represent the sick or pregnant body from a personal point of view. These accounts indicate that it was only through a first-hand experience of the body that medical authors could experiment, verify theories or infer new knowledge. Publishing the story of their practices and

experiments then validated their account. What is particularly interesting is that whether they are writing *from* or *on* the body, all these authors ultimately write themselves into their medical discourse, thereby moving from the touch and sight of a sick or pregnant body to the visibility of their own presence within their texts. I therefore chart the trajectory of these narratives as they move from iterations of self-care to demonstrations of self-fashioning.

The sources I have selected range from 1580 to 1668, a period marked by an epistemological shift in the establishment of an increasingly more rationalized medical discourse, as surgeons tried to renegotiate their hierarchical status by putting forth their combination of theoretical and experiential knowledge of the body. All of these texts therefore explore the tensions between theoretical and experience-based knowledge. Theoretical knowledge mostly referred to ancient theories of the body that defined the approach of university-trained physicians and were shaped by the humoral medicine of Hippocrates and Galen, but it could also include the more recent rediscoveries of the body afforded by anatomical science. ‘Experience-based’ knowledge stemmed from a practice of the body which only anatomists, surgeons and midwives could enjoy, albeit in very different ways and with varying limitations. These categories were not as fixed as we think: they could overlap or contradict themselves. In fact, early modern medical theory and practice were mutually dependent, but they were shaped by powerful hierarchies, deep-

seated cultural codes and gendered practices. As such, they were a site for constant rhetorical negotiations.

My first source was published as a “travel journal,” under the pretext that it recounted its famous author’s journey through Europe. In fact, Montaigne’s *Travel Journal* was always considered a minor text because of the unrivaled fame of the *Essays*: the journal’s discoverers in the late eighteenth century were disappointed to read about his diet and kidney stones rather than Latin culture and philosophy. The second text was published in three installments between 1609 and 1626 under the title *Observations* by Louise Bourgeois, midwife to Marie de’ Medici. While the medical manual of the first volume has attracted considerable attention as the first treatise on childbirth written by a Frenchwoman, the autobiographical accounts of the second volume have only been mined for their most significant depictions of the Queen’s delivery. The medical manual, which was published in a modernized version by feminist press Côté-Femmes in 2008 is replete with errors and lacks a proper critical apparatus; the autobiographical accounts, however, were published and annotated by François Rouget and Colette Winn in 2000. Both medical manual and memoirs were translated into English by Stephanie O’Hara and annotated by Alison Klairmont Lingo in 2017. My last sources are two medical treatises by male-midwives Jacques Duval and François Mauriceau, respectively published in 1612 and 1668, which were last republished in the late 1800’s and have never been

translated into English. While Duval's book has garnered much critical attention, it is mostly for his poetic and medical discussion of hermaphrodites, in particular the story of Marie/Marin Le Marcis, whom the author saved from a most certain death sentence. Mauriceau's book, in spite of being considered a milestone in obstetric knowledge for its invention of the maneuver used for breech deliveries that bears his name, has not drawn the attention of scholars.

Recent scholarship has mostly considered these texts from a historical and cultural angle. Montaigne's *Travel Journal* has been mined for information on the writing of the subsequent *Essays*; numerous studies of Bourgeois's works have shed a new light on the struggle for power in the birthing room; treatises by male-midwives have mostly sunken into obscurity, except for those, like Duval's, which discussed gender and sexual norms in the early modern period. While cultural studies and medical history are worthy in their recuperative efforts, they lack an attention to literary strategies and rhetorical tropes within these medical texts. That is not to say that the relationships between literary studies and medical science have not produced insightful criticism: on the contrary, Stephen Greenblatt has turned to medical treatises to illuminate Renaissance drama, arguing that they are codified in a similar fashion, by "a set of interlocking tropes and similitudes that function not

only as the objects but the conditions of representation,”⁴ and Gail Kern Paster has described how perceptions of physiology intersect with cultural forms.⁵ Mary Fissell has argued that ‘cheap print’ (pamphlets, jokes, medical treatises written in vernacular English) on the female body called for careful reading and interpretative strategies and has suggested that early modern thought was enacted through the body.⁶ Carla Mazzio and David Hillman have also analyzed various fantasies of corporeality in early modern Europe, by tracing the proliferation of the dismembered body in the cultural and literary imaginary. This critical attention to medicine and medical tropes has established the significant place of the body in early modern thought, but it has mostly focused on English literary documents. Its rare incursions into the French domain are limited to the French canon, or framed as a way to introduce a discussion on gender norms such as Greenblatt’s mention of hermaphrodites in Montaigne and Duval in his chapter on Shakespeare.⁷

Methodologically, my approach is thus not to look for medical tropes in literature, but to examine medical sources from a literary perspective. Whereas the history of medicine has attempted to define how and when medical texts established new discourses on the body, I consider in what ways these authors have

⁴ Stephen Greenblatt, *Shakespearean Negotiations: the Circulation of Social Energy In Renaissance England*. Berkeley: University of California Press, 1988.

⁵ Gail Kern Paster, *The Body Embarrassed: Drama and the Disciplines of Shame In Early Modern England*. Ithaca, NY: Cornell University Press, 1993.

⁶ Mary Elizabeth Fissell, *Vernacular Bodies: the Politics of Reproduction In Early Modern England*. Oxford: Oxford University Press, 2004.

⁷ See Stephen Greenblatt, “Fiction and Friction.” in *Shakespearean Negotiations*, 66-93.

sought to construct, protect or normalize their own discourses at a time when the medical hierarchy was rapidly changing. What makes these texts particularly interesting is that they dramatize the scientific negotiations between theoretical knowledge and subjective, experience-based knowledge. They also blur the boundaries between authentic accounts of experienced situations and their rendering in semi-fictional compelling narratives, which reveal strategies for claiming authority. Attending to rhetorical tropes and discursive strategies then allows us to grasp the interactions of touch and sight, experience and visibility, self-care and self-representation.

The Limits of a Culture of Dissection?

The elaboration of anatomical science in the Renaissance disrupted not only the modes of production of knowledge about the body, but also the representation of the body: consequently, medical hierarchies and the very conception of the categories of medical knowledge were profoundly transformed.⁸ It was a complex

⁸ See Andrea Carlino, *Books of the Body: Anatomical Ritual and Renaissance Learning*. Chicago: University of Chicago Press, 1999; R.K. French, *Dissection and Vivisection in the European Renaissance*. Aldershot, England: Ashgate, 1999; Rafael Mandressi, *Le regard de l'anatomiste: dissections et invention du corps en Occident*. Paris: Editions du Seuil, 2003; Katharine Park, *Secrets of Women: Gender, Generation, and the Origins of Human Dissection*. New York: Zone Books, 2006; K.B. Roberts, *The Fabric of the Body: European Traditions of Anatomical*

process, a bundle of events, practices and discourses over several centuries. In *The Body Emblazoned*, Jonathan Sawday declares that anatomical science was so significant that the cultural and literary world from the fifteenth to the seventeenth centuries can mostly be understood through the prism of what he calls “the culture of dissection”⁹: he highlights the tremendous impact of this new science on our ways of seeing, of conceiving, of representing, of creating, and, moreover, of thinking of our identity or ‘selfhood.’ This “culture of dissection,” he says, is principally constructed around the representation of the dismembered body: it is the body of another, a body displayed to be seen and reified as an object of study, whose contemplation did not give access to one’s own living body and yet was the main basis for representations of interiority. For Sawday, this anatomical era functioned according to “a network of practices, social structures, and rituals surrounding this production of fragmented bodies, which sits uneasily alongside our image (derived from Burckhardt) of the European Renaissance as the age of the construction of individuality – a unified sense of selfhood.”¹⁰ Sawday rightly points out the ways in which anatomical science has reconditioned the view that men and women had of their bodies, and thus traces the way in which rational scientific thought sought to organize, classify and control knowledge of the body according

Illustrations. Oxford: Clarendon Press, 1992; Jonathan Sawday, *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture*. Routledge, 1995.

⁹ Jonathan Sawday, *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture*. London: Routledge, 1995.

¹⁰ Sawday, *The Body Emblazoned*, 2.

to the primacy of sight, to the detriment of the other senses. In his insistence on defining the modes of bodily self-representation only through the practice of dissection, Sawday seems to neglect a whole set of texts from the medical corpus that specifically aimed to grasp the subtleties of the living body. Indeed, the important production of treatises on diet or hygiene, as Stephen Pender suggests, indicate an alternate way to consider the body. Pender explains: “Medical semiotics and hygiene offered early modern writers models of discretion, prudence, and sign-inference suitable for inquiry into a diverse array of uncertain matters, including the human interior.”¹¹ In other words, these health regimes, which mostly relied on the interpretation of the signs of the living body, led to a specific kind of self-care, which fostered an original ethics of medicine. My approach in this project is partly inspired by Stephen Pender’s criticism of Sawday as well as by his attention to identifying texts in which the exploration of the body’s interiority is built mainly through the living body, such as Montaigne’s *Travel Journal*, which I analyze in Chapter 1. This being said, it seems that in his caution to identify instances of interiority that are radically detached from anatomical science, Pender himself has overlooked several other types of medical texts: first, medical texts by midwives, whose job consisted in negotiating the relationship between the interior and the exterior of women’s bodies, by interpreting external and internal signs of

¹¹ Stephen Pender, “Signs of Interiority, or Epistemology in the Bodyshop,” *Dalhousie Review*, Vol. 85, no. 2, 2005, 221-231, 229.

pregnancy, delivering the child and removing the afterbirth from the uterus of the parturient mother; and second, medical texts by emerging male-midwives, who strove to gain access to female bodies in order and replace traditional midwives.

Medical Treatises on Childbirth in the Vernacular

Scholarship on early modern medical treatises on childbirth in the French vernacular has produced a wealth of insightful analyses over the past thirty years, and it owes a great deal to the development of women's studies. Evelyne Berriot-Salvadore certainly set the tone when she declared:

From medieval encyclopedias to Renaissance anthologies, from the preachers of the Counter-Reformation to the orators of the Revolution, medical discourse was repeatedly invoked to justify the role assigned to women in the family and in society.¹²

¹² Evelyne Berriot-Salvadore, "The Discourse of Medicine and Science." in Natalie Zemon Davis and Arlette Farge (Eds.), *A History of Women in the West: Renaissance and Enlightenment paradoxes*. Cambridge, Mass.: Belknap Press of Harvard University Press, 1992, 348.

In fact, scholarly attention to questions of gender and sexuality, to the rise of the male domination in the birthing room, as well as to the identification of a female voice amidst those of male practitioners, has been vigorous. In France, Berriot-Salvadore's works, such as *Les Femmes dans la Société Française de la Renaissance*¹³ and *Un Corps, Un Destin: La Femme dans la Médecine de la Renaissance*,¹⁴ have interrogated medical documents on the female body from a then much-needed feminist perspective, while Jacques Gélis's *L'Arbre et le Fruit*¹⁵ has traced the history of childbirth over the span of four centuries. In the English-speaking world, Monica Green, Susan Broomhall and Helen King have illuminated several aspects of medieval and early modern European medical culture.¹⁶ Wendy Perkins has written the first detailed biography of Louise Bourgeois,¹⁷ and Alison Klairmont Lingo¹⁸ has edited Stephanie O'Hara's rigorous translation of

¹³ Evelyne Berriot-Salvadore, *Les Femmes Dans La Société Française De La Renaissance*. Geneva: Droz, 1990.

¹⁴ Evelyne Berriot-Salvadore, *Un Corps, Un Destin: La Femme Dans La Médecine De La Renaissance*. Paris: H. Champion, 1993.

¹⁵ Jacques Gélis, *L'arbre Et Le Fruit: La Naissance Dans l'Occident Moderne, XVIe-XIXe Siècles*. Paris: Fayard, 1984. Translated as *History of Childbirth: Fertility, Pregnancy, and Birth in Early Modern Europe*. Boston: Northeastern University Press, 1991.

¹⁶ See Monica H. Green, *Women's Healthcare in the Medieval West: Texts and Contexts*. Aldershot: Ashgate, 2000, and *Making Women's Medicine Masculine: the Rise of Male Authority in Pre-Modern Gynaecology*. Oxford: Oxford University Press, 2008. Monica Green has also famously translated and discussed the *Trotula*, as I will discuss below. *The Trotula: a Medieval Compendium of Women's Medicine*. Ed. Monica H. Green. Philadelphia: University of Pennsylvania Press, 2001.

¹⁷ Wendy Perkins, *Midwifery and Medicine in Early Modern France: Louise Bourgeois*. Exeter, Devon, UK: University of Exeter Press, 1996.

¹⁸ See Alison Klairmont Lingo, "Print's Role in the Politics of Women's Health Care in Early Modern France." *Culture and Identity In Early Modern Europe (1500-1800): Essays In Honor of*

Bourgeois's works into English.¹⁹ In her stimulating study of visuality, Lianne McTavish has also emphasized the display of obstetrical authority.²⁰ All of these works have provided a solid historical background on midwifery as well as thorough cultural analyses of the relationships between male and female obstetricians, but they have rarely explored the rhetorical aspect of these texts. Kirk Read in *Birthing Bodies*²¹ and Holly Tucker in *Pregnant Fictions*²² have, in very different ways, uncovered the connections between Louise Bourgeois's autobiographical account of the birth of the Dauphin and fictional narratives in Rabelais or fairy tales, but they have mostly charted medical tropes in literary documents, while this project focuses on analyzing rhetorical tropes in medical discourse. Valerie Worth-Stylianou seems to be the only scholar intrigued by the flurry of autobiographical accounts which characterized treatises on childbirth: her article, "Telling Tales of Death in Childbirth: The Interfaces Between Fiction and Medical Treatises in Early Modern France,"²³ played a crucial role in the first stages of my project, as it alerted me to the richness of an analysis that considered

Natalie Zemon Davis. Barbara Diefendorf and Carla Hesse (Eds.), Ann Arbor: U of Michigan P, 1993, 203-221.

¹⁹ Louise Bourgeois, *Diverse Observations*. Trans. Stephanie O'Hara. Ed. Alison Klairmont Lingo. Toronto: Iter, 2017.

²⁰ Lianne McTavish, *Childbirth and the Display of Authority in Early Modern France*. Burlington, Vt.: Ashgate, 2004.

²¹ Kirk Read, *Birthing Bodies in Early Modern France: Stories of Gender and Reproduction*. Farnham: Ashgate, 2011.

²² Holly Tucker, *Pregnant Fictions: Childbirth and the Fairy Tale in Early-Modern France*, Detroit: Wayne State University Press, 2003.

²³ Valerie Worth-Stylianou, "Telling tales of death in childbirth: the interfaces between fiction and medical treatises in Early Modern France," *Women. A Cultural Review*, 17-3, 2006, 325-340.

the literary tropes at work in medical texts. Valerie Worth-Stylianou's critical biography, *Les Traités d'Obstétrique en Langue Française au Seuil de la Modernité*,²⁴ which gives a detailed overview of all treatises from 1526 to 1627, has also been an invaluable resource throughout my research. Where I diverge from Worth-Stylianou's remarkable work, however, is in the interpretation of the apparently sympathetic discourse of male-midwives. In her annotated translations of selected texts, *Pregnancy and Birth in Early Modern France: Treatises by Caring Physicians and Surgeons (1581-1625)*,²⁵ Worth-Stylianou suggests that some authors were so strongly motivated by saving women's lives that they can be seen as caring, empathetic figures. Worth-Stylianou certainly makes an important point here in underlining the fact that not all male-midwives participated in the misogynistic discourse that permeated early modern medical texts: François Rousset²⁶ and Jacques Duval,²⁷ for example, do express sympathy for the parturient mothers and attempt to save them from a certain death by repeatedly advocating for the C-section. Worth-Stylianou's interpretation of these surgeons' motives also

²⁴ Valerie Worth-Stylianou, *Les traités d'obstétrique en langue française au seuil de la modernité: Bibliographie critique des "Divers Travaulx" d'Euchaire Rösslín (1536) à "L'apologie de Louyse Bourgeois sage-femme" (1627.)* Geneva: Droz, 2007.

²⁵ Valerie Worth-Stylianou, *Pregnancy and Birth in Early Modern France: Treatises by Caring Physicians and Surgeons (1581-1625)*, François Rousset, Jean Liébault, Jacques Guilleméau, Jacques Duval and Louis De Serres. Toronto: Iter, 2014.

²⁶ François Rousset, *Traité Nouveau de l'Hysterotomotokie, ou Enfantement Caesarien*. Paris: Denys Du Val, 1581.

²⁷ Jacques Duval, *Des Hermaphrodits, Accouchemens Des Femmes, Et Traitement Qui Est Requis Pour Les Relever En Santé, & Bien Élever Leurs Enfants*. Rouen: David Geuffroy, 1612.

challenges the generally accepted notion of the birthing room as a site for gender wars over the control of female bodies, a claim shared by Lianne McTavish, who argues that surgeons “appreciated the first-hand, bodily experience of maternity” and did not disparage it.²⁸ It also brings nuance to this notion of gender wars, as the “caring surgeons” Worth-Stylianou identifies in the medical corpus all belonged to a specific era, “prior to the rise of prominence of the male-midwife (known in France as the *accoucheur*)”²⁹ around 1650-1700. I offer three criticisms of Worth-Stylianou’s interpretation. First, I do not go as far as Worth-Stylianou in arguing that these texts made a positive “contribution to the later-sixteenth-century reworking of the ‘Querelle des Femmes’,”³⁰ but rather highlight that if some surgeons were able to consider the female body as no longer imperfect or unequal, and if they were able to praise the distinctive features of female anatomy, they were also particularly eager to gain access to the living female body and establish a rationalized discourse on female reproductive health. Second, I argue that we cannot underestimate the fact that male-midwives’ detailed accounts of complicated situations served a double purpose of showcasing their skills and persuading their readers of their genuine interest in women’s healthcare. Finally, I point out that while some of these medical texts seem to respect parturient mothers

²⁸ Lianne McTavish, *Childbirth and the Display of Authority in Early Modern France*. Burlington, Vt.: Ashgate, 2004.

²⁹ Worth-Stylianou, *Pregnancy and Birth*, General Introduction, xxi.

³⁰ Worth-Stylianou, *Pregnancy and Birth*, General Introduction xxiii.

and maternity, they are nevertheless imbued with the most radical type of misogyny when it comes to commenting on traditional midwives and the quality of their experience-based work.

So who were these surgeons, what did they publish, and what were their relationships with other medical practitioners, such as midwives? Both Monica Green and Helen King have underlined the fact that the publication of obstetrical knowledge became more complex in the Renaissance, mostly due to the constraints of publishing in print, which imposed a more rigorous selection process on manuscripts.³¹ However, the number of copies in circulation increased, signaling a growing interest in matters of reproduction and women's healthcare practices. Until the second half of the sixteenth century, there was no such thing as a treatise on childbirth originally written in the French vernacular: as Monica Green has shown, one of the first documents translated into French was a collection of three treatises from the twelfth century Salerno school known as the *Trotula*, which described obstetrical theory and practice as well as women's beauty recipes.³² Collated excerpts from famous medieval treatises were also published as *vademecum* for surgeons, such as passages from *La Chirurgie* [The Surgery] by Guy de Chauliac,

³¹ See Monica H. Green, *Women's Healthcare in the Medieval West: Texts and Contexts*. Aldershot: Ashgate, 2000, and Helen King, *Midwifery, Obstetrics and the Rise of Gynaecology: The Uses of a Sixteenth-Century Compendium*. Aldershot: Ashgate, 2007.

³² The *Trotula* was widely popular and was translated into French, English, German, Dutch, Hebrew and Irish in the Middle Ages. See Monica H. Green (Ed.), *The Trotula: a Medieval Compendium of Women's Medicine*. Philadelphia: University of Pennsylvania Press, 2001.

translated as early as 1503 by Symphorien Champier, then republished by Jean Canappe in 1538.³³ Most physicians associated with the Sorbonne regarded vernacular translations as a threat to their authority and monopoly. As a result, it was not until the 1550's that Guillaume Chrestien, physician to François I and Henry II, was finally able to translate texts by Hippocrates, Aristotle and Galen.³⁴ Childbirth did not occupy a clear position in medicine: obstetrical knowledge was dispersed throughout texts on generation, monsters and marvels, or the popular genre of 'women's secrets,' whose tradition of discussing beauty and physical hygiene dated back to the *De Secretis Mulierum* by Albert the Great, and continued to flourish in the Renaissance.³⁵ It is generally accepted that the first treatise entirely devoted to childbirth to be published in French was a translation from Eucharius Rösslin's *Der Rosengarten* [The Rose Garden], which came out in

³³ See Worth-Stylianou, *Les Traités d'Obstétrique*, 22.

³⁴ Guillaume Chrestien translated Hippocrates under the title *De La Nature de l'Enfant au Ventre de la Mère* [On the Nature of the Child in the Womb of the Mother] (Reims: Bacquenois) in 1553 and Galen's writings as *De la Formation des Enfants au Ventre de la Mère* [On the Formation of Children in the Mother's Womb] in 1556 (Paris: G. Cavellat). He also translated Jacques Dubois, a renowned anatomist who wrote in Latin as Jacobus Sylvius: *Livre de la Génération de l'Homme* [Book on the Generation of Man] (Paris: Guillaume Morel, 1558). The latter book, which was composed of three volumes on sperm, menstruations, and specific gynecological issues, was dedicated to Henry II, François I and Diane de Poitiers.

³⁵ Katharine Park has brilliantly demonstrated how the expression "secrets of women," which, in the thirteenth century, referred to knowledge about the female body that was known to women only, began to be used by men to describe women's reproductive organs and consequently claim superior knowledge over women. See *Secrets of Women: Gender, Generation, and the Origins of Human Dissection*. New York: Zone Books, 2010, 77-120.

1536.³⁶ According to Alison Klairmont Lingo, “over the next hundred years, some twenty-two printed texts (eight translations and fourteen originals) were made available in French to a wider audience than ever before, on subjects including fertility, sterility, and infant care.”³⁷ Ambroise Paré, then a barber-surgeon in Paris, first included a chapter on “la maniere d’extraire les enfans tant morts que vivants du ventre de la mere” [how to extract children whether dead or alive from the mother’s womb] in his anatomical treatise in 1549.³⁸ By 1573, Paré had published two volumes on childbirth: one broke away from ancient knowledge and focused on providing detailed descriptions and illustrations of the use of hooks and surgical instruments; the other compiled stories of monstrous births, capitalizing on the Renaissance taste for marvels, monsters and the mysteries of reproduction.³⁹ By the time these books came out, Paré had also been appointed first surgeon to Henri II: publishing in the vernacular on such popular topics largely contributed to his fame and rapid social ascension. In 1581, François Rousset published a significant treatise in which he advocated for the cesarean section: this type of surgery was

³⁶ Monica Green has traced the origin of this text and discovered that the bulk of it was translated from the works of Michele Savonarola, known as the *Practica Major*, composed in Italy between 1440 and 1446. See Monica Green, “The Sources of Eucharius Rösslins ‘Rosegarden for Pregnant Women and Midwives’ (1513).” *Medical History (pre-2012)* 53.2 (2009): 167-92.

³⁷ See Alison Klairmont Lingo, “Print’s Role in the Politics of Women’s Health Care in Early Modern France,” 203.

³⁸ Ambroise Paré, *Briefve Collection de l’administration anatomique*. Paris: Guillaume Cavellat, 1549.

³⁹ Ambroise Paré, *De la génération de l’homme et manière d’extraire les enfans hors du ventre de la mère* and *Des monstres tant terrestres que marins avec leurs portraits*, in *Deux Livres de Chirurgie*, Paris: André Wechel, 1573.

fairly common when the mother had died in childbirth, as surgeons were called in to extract the fetus and have it baptized, but Rousset argued that he had performed it himself on living women who survived. Many other practitioners, such as Jean Liébault,⁴⁰ published noteworthy medical texts on childbirth in the same period, often roughly adapted from foreign sources, but Paré and Rousset exemplify the increasing interest of surgeons in the possibility to operate on the living female body and make its interior palpable as well as visible. Paré perfected the *speculum matricis*, while Rousset argued for the C-section. A few decades later, Jacques Duval revealed to the world the existence of the hidden male genitalia of the hermaphrodite Marie/Marin Le Marcis. It is fairly striking that all of these men attempted to combine touch and vision, or, rather, that they depended on touch to magnify their vision of the female body and represent it visually in their works. In this respect, I agree with Lianne McTavish that medical treatises are worthy of visual analysis, but while McTavish concentrates on visual elements such as portraits and spatial composition with regard to a hermeneutics of early modern images,⁴¹ I have chosen to analyze how medical practitioners represent themselves

⁴⁰ Jean Liébault, the author of three important compendia published in 1582, mostly concentrated on normal births. Liébault assembled knowledge from the Ancients, the anatomists (he was son-in-law to Charles Estienne) and translations from a recent Italian treatise by Marinello. See Jean Liébault, *Trois livres appartenant aux infirmités et maladies des femmes. Pris du latin de M. Jean Liebaut docteur medecin à Paris, et faicts François*, Paris: Jacques Du Puys, 1582.

⁴¹ Lianne McTavish, *Childbirth and the Display of Authority in Early Modern France*, Burlington, Vt.: Ashgate, 2004.

discursively, by staging their own body or that of the parturient mother within the frame of a carefully-crafted autobiographical narrative.

In the early modern period, rhetoric and medicine were intimately linked.⁴² Male-midwives who published treatises on childbirth were educated men with rhetorical training: while some were surgeons with very little knowledge of Latin, like Paré, others, like Joubert, were university professors, and some of them even occasionally wrote in Latin, like Jean Liébault or Simon de Vallambert. All were highly versed in anatomical knowledge. At the crossroads between theoretical knowledge drawn from the Ancients, which they could now read in translation, and empirical knowledge based on their practice of dissection or surgery, these male-midwives benefited from publishing their own medical treatises in two ways: first, they could renovate and even replace the traditional corpus of obstetrical texts—which, as I said above, was too diffused to be clearly defined—, by claiming to enrich it with anatomical knowledge and case studies. This enabled them to be widely read by professionals and non-professionals, thereby supplanting the university-trained Latin-speaking physicians positioned above them on the hierarchical ladder. Second, they could fashion themselves as competent male-

⁴² See Stephen Pender and Nancy Struever, *Rhetoric and Medicine in Early Modern Europe*. Farnham, Surrey, England: Ashgate, 2012. See also Marc Fumaroli, *Histoire De La Rhétorique Dans L'Europe Moderne: 1450-1950*. Paris: Presses Universitaires de France, 1999, and Fumaroli, *L'âge De L'éloquence: Rhétorique et "Res Literaria" De La Renaissance Au Seuil De L'époque Classique*. Geneva: Droz, 2002.

midwives whose education made them a better option than the traditional, ill-famed midwives situated below them, at the bottom of the hierarchical ladder. Thus, in the second half of the sixteenth century, an increasing number of physicians and surgeons began to publish medical treatises on childbirth in the vernacular, claiming that they wanted to educate traditional midwives.

However, the aggressive tone they used in the dedicatory notes to their books clearly suggested that midwives were either not worthy of their help, or simply not their true intended audience. Simon de Vallambert wrote in 1565:

Parce que la plus grand'part d'icelles sont ignorantes, et se commet beaucoup de fautes envers les enfans par leur ignorance, j'ay entrepris d'escrire ceste instruction, pour les enseigner: laquelle j'ay mise en langue Françoise, afin qu'on ne le trouve estrange.⁴³

Because most of them are ignorant, and many errors are committed against children by their ignorance, I have undertaken to write this instruction, in order to educate them: I wrote it in the French language, so that it is not found to be foreign.⁴⁴

⁴³ Simon de Vallambert, *Cinq Livres de la Manière de Nourrir et Gouverner les Enfans* [Five Books on the Way to Feed and Govern Children], Poitiers: De Marnefs, 1565, 29.

⁴⁴ Simon de Vallambert, *Five Books on the Way to Feed and Govern Children*, my translation.

Why would a learned man bother to educate midwives in the vernacular? Probably because Vallambert had then been recently appointed physician to the young Duke of Orléans, and wished to make his practice exemplary to others. Simon de Vallambert was also the author of a book on the art of rhetoric entitled *De Optimo Genere Disputandi Colloquendique*, in which he sought to circumvent the model of the *disputatio* by offering a theoretical dialogue.⁴⁵ He defined this dialogue as “copiosus,” “gravis” and “quietus,” taking Cicero as his model. In other words, Vallambert strictly conformed to the codes of classical rhetoric: first, the use of *copia*, an abundance of speech whose amplificatory powers gave weight or substance to an argument; second, a serious, dignified and elevated style; third, a certain calmness or tranquility inherent to his speech, which privileged peaceful relationships between the writer and his audience. All of these elements can describe the general style of his treatise and indicate his project of persuading parents to adhere to his understanding of the art of pediatrics. In a way, Laurent Joubert’s famous *Erreurs Populaires* [Popular Errors] could be read as a rewriting of a dialogue between a renowned physician, then Chancellor of the Faculty at Medicine of Montpellier, and the uneducated voice of the common people. Published in 1578, his book gave rise to heated criticism because of his strong stances and controversial anecdotes on female sexuality. In fact, Joubert’s

⁴⁵ See Béatrice Périot, “Le dialogue théorisé au XVI^e siècle: émergence d’un genre entre dialectique et littérature.” *Loxias*, no. 4 (March 2004).

assertiveness is a discursive strategy whose main aim is to reiterate the authority of physicians over surgeons and midwives:

Tous ceux qui se meslent de traiter aucun mal, ils sont subalternes au Médecin: come les Chirurgiens, lesquels ont jurisdiction moyenne, & les lavandières, qui ont la basse. Or l'enfantement est un mal, duquel plusieurs & femmes & enfants en meurent [...]: ne faut il donc que le Médecin y soit surintendant? [...] Et pour certain en une Republique bien policee, il faut que les Médecins montrent aux Sages-femmes l'anatomie des parties qui contiennent l'enfant, celles qui lui donnent passage, & aident à le pousser dehors, afin qu'elles puissent artificiellement comprendre la vraie méthode de procéder à leur operation.⁴⁶

All those who claim to treat a disease, they are subordinate to the Physician; that is so for surgeons, who have average jurisdiction, and laundresses [midwives], who have low jurisdiction. Now childbirth is a 'disease,' from which many women and children die.... Should not the Physician be superintendent? [...] And for certain in a well-disciplined Republic, Physicians must show to the Midwives the anatomy of the parts which contain the child, those which give him passage, and help to push him out, so that they can artificially understand the true method of proceeding with their operation.⁴⁷

⁴⁶ Laurent Joubert, *Erreurs Populaires*, Bordeaux: Millanges, 1578, Book IV, Chapter 111, 153.

⁴⁷ Laurent Joubert, *Popular Errors*, my translation.

In this passage, Joubert sketches the various positions on the hierarchical medical ladder for everyone to appreciate the physicians' superiority. Their power is unquestionable: but the experience-based knowledge of midwives –whom he depreciatively renames 'lavandieres' [laundresses]- is invalidated by their lack of theoretical knowledge:

Autrement elles y vont comme aveugles & empiriques sans sçavoir ce qu'elles font. En cette ignorance, la plupart de ces femmes deviennent outreuidees et presumptueuses.⁴⁸

Otherwise they go about their work blindly like empirics, without knowing what they are doing. In this ignorance, most of these women become impertinent and presumptuous.

Moreover, the midwives' 'ignorance,' impertinence ['outreuidees'] and presumptuousness ['presumptueuses'] were all part of a well-established discourse of misogyny, which capitalized on defamatory narratives and only gave a one-sided perspective on the female practice of midwifery. The exact same terms can be found in various male-midwives' treatises. Other examples of disparaging comments abounded and continued to mark treatises on childbirth, even as male-midwives began to gain recognition and female midwives became professionally

⁴⁸ Joubert, *Erreurs Populaires*, Book IV, Chapter 111, 153.

certified. Charles Guillemeau, republishing and adding to the works of his father in 1621, insisted on correcting the midwives' numerous errors:

Les sages-femmes pourront aussi jouir de pareil benefice, et sans s'amuser à la vanité de leur art, y recognoistre à bon escient plusieurs défauts en ce qui concerne la dextérité des accouchements, et la guérison des accouchées.⁴⁹

The midwives will also be able to enjoy such a benefit, and without amusing themselves with the vanity of their art, they will recognize in it several of their faults concerning the dexterity of deliveries, and the cure of confinements.⁵⁰

Female practitioners were an ideal target for learned physicians and surgeons; consequently, they became a favorite *topos* in their discursive endeavors to present themselves as the sole reliable practitioners in the birthing room. Louise Bourgeois occasionally indulges in similar attacks, blaming other midwives for their lack of professionalism or surgeons for their lack of knowledge of the midwives' practice. She also insists that she does not need to be *shown* how to practice her art, since midwifery mostly relies on touch rather than on the primacy of the visual.

⁴⁹ Charles Guillemeau, *De la Grossesse et Accouchement des Femmes*, Paris: Pacard, 1621, fol. aiii.

⁵⁰ Charles Guillemeau, *Pregnancy and Childbirth of Women*, my translation.

The Primacy of the Visual

From Antiquity, the production of knowledge about the body was largely founded on the visual: doctors classified and compared case studies and insisted on the importance of identifying and decoding signs. The theory of the humors made the body legible to anyone who knew how to observe it. Medicine, then, was first and foremost an art of observation, but it was confined to the external, and was limited by the ignorance of the invisible inner body. Hippocrates clearly stated that only what is seen and known can exist; the rest, which is not perceived by sight or thought, does not exist:

Whereas the things-that-are always are in every case seen and known,
the things-that-art-not are neither seen nor known.⁵¹

Ancient medicine was therefore based on the paradigm of vision. It was the eye that made it possible to reach the “eîdos,” the *idea* that in Greek is at once the image, shape, and nature of the thing. If other senses were taken into account, sight always came first. Moreover, the opening of the human body being forbidden, physicians

⁵¹ Hippocrates, *On the Art of Medicine*. Ed. Joel Eryn Mann, Leiden: Brill, 2012, 57.

reconstituted an understanding of it from dissections carried out on animals. The interiority of a body was then entirely reconstructed from external observations.⁵²

In its early days, anatomical science sought to make its discoveries about the body coincide with the writings of the Ancients. The *ostensor* indicated the relevant body parts with his pointer while his assistant, the *demonstrator*, dissected the corpse. Sight, touch, and the production of speech were distinct categories. But the publication of *De Humani Corporis Fabrica* by Andreas Vesalius in 1543 refocused the action on the anatomist. On the frontispiece of his book, the master embodied the alliance of the senses: standing near the corpse, Vesalius pointed his finger at the interior of the body while addressing the audience. With Vesalius, the dissection of the body became a discursive practice. In post-Vesalian dissection, which allowed itself to criticize Galen, the cartography of the human body was therefore transformed and reformulated: the hand and the eye discovered territories of which the science of the Ancients bore no trace. Thus Realdo Colombo, disciple of Vesalius, stated in 1560 that he had discovered the clitoris, which he called *amor*

⁵² See Mirko Grmek (Ed.), *Western Medical Thought from Antiquity to the Middle Ages*. Trans. Antony Shugaar, Cambridge, Mass.: Harvard University Press, 1998, esp. “The Birth of Western Medical Art,” by Jacques Jouanna, 22-72.

veneris. This claim was characteristic of the work of anatomists: in exploring the body, they reinvented it discursively.⁵³

Eye and hand were therefore linked in practice, and together manipulated the flesh, as Montaigne stated in his commentary on surgery. “The hand, Elizabeth Harvey points out, signal[ed] agency rather than receptivity, the power of sensation harnessed to the service of medical epistemology.”⁵⁴ In his portrait included in his *Fabrica*, Vesalius is depicted as holding the hand of the cadaver, showcasing its bones and muscles. Katherine Rowe explains: “the dissection of the hand, from Galen to the seventeenth century, persists as one of the central topoi of anatomy demonstrations: celebrated for its difficulty and beauty, it reveals God’s intentions as no other part can.”⁵⁵ As an object of scientific study, the hand was a prominent example of the body’s complexity, but it was also celebrated as the very means by which anatomists could gain access to this complexity and all its wonders.

Nevertheless, the eye soon dominated the hand in two important areas: the staging of bodies in anatomical theaters and the presentation of the organization of knowledge in treatises. Indeed, dissection signaled the desire to make the invisible visible, but also to think the unthinkable: the revelation of an interiority hitherto

⁵³ See Rafael Mandressi, *Le Regard de l’Anatomiste. Dissections et Invention du Corps en Occident*. Paris: Editions du Seuil, 2003.

⁵⁴ Elizabeth Harvey (Ed.), *Sensible Flesh: on Touch in Early Modern Culture*. Philadelphia: University of Pennsylvania Press, 2003, 11.

⁵⁵ Katherine Rowe, “God’s Handy Worke,” in *The Body in Parts: Fantasies of Corporeality in Early Modern Europe*. David Hillman, and Carla Mazzio (Eds), 1997, 285-309, 287.

carefully concealed. By lifting the skin, layer by layer, revealing the depths of the body to the eyes, dissection lent itself to spectacle: assembling in places called anatomical theaters, observing the opening of a corpse from high in the stands, the audience followed a drive for knowledge (*libido sciendi*) that could also manifest as morbid voyeurism. The anatomy books, for their part, disseminated images of a body unfolded before the eye. All this paved the way for the presentation and dramatization of the body, of which the Anatomical Venuses were perhaps the most striking example. As Georges Didi-Huberman has shown, these wax figures, whose bellies open to reveal fetuses of realistic appearance, exemplify the desire for knowledge aroused by the female body and, under the guise of pedagogy, give a perfect account of a powerful desire to control its slightest developments.⁵⁶

For anatomists and surgeons of the sixteenth and seventeenth centuries, it was thus the eye that governed the production and categorization of knowledge on the body. The gaze scrutinized, grasped, conceived of the object and transcribed it onto anatomical plates or descriptions that responded to both the aesthetic conventions of the time and a standardized form of scientific knowledge. Of all the senses, vision was the most reliable: the anatomist Charles Estienne insisted on its “loyalty” and argued that:

⁵⁶ See Georges Didi-Huberman, *Ouvrir Vénus: Nudité, Rêve, Cruauté*. Paris: Gallimard, 1999.

Il n'est rien plus certain des choses qui gisent en description que la fidelité de l'œil : & moins contente l'esprit (dit quelqu'ung) ce qui entre par l'oreille que ce qui est représenté aux yeulx fideles.⁵⁷

Nothing is more certain than things that are described according to the fidelity of the eye: the mind is less contented (someone has said) by that which enters through the ear than that which is represented to loyal eyes.

The presentation of dissections established a hierarchical organization that was also to be found in the position of authority of doctors over surgeons, or that of surgeons over midwives: touching the body remained a subordinate activity; touching the shameful parts *a fortiori* a female activity. Hence, as Yvonne Knibiehler and Catherine Fouquet write in *La Femme et les médecins*, “this constant separation between discourse and the hand suffices in part to explain the stagnation of knowledge over the body.”⁵⁸

With access only to the external signs of the female body, surgeons reduced it to the most manifest symptoms or to the fantasized representation of a living interior to be discovered after death in dissection. In François Mauriceau's works,

⁵⁷ Cited by Rafael Mandressi, *Le Regard de l'Anatomiste. Dissections et Inventions du Corps en Occident*. Paris, Le Seuil, “Univers Historique,” 2003, 84. Mandressi refers to the treatise titled *La Dissection des parties du corps humain divisée en trois livres, faitz par Charles Estienne Docteur en Medecine*. Paris: Simon de Colines, 1546, 371. My translation.

⁵⁸ “Cette séparation constante entre le discours et la main suffit en partie à expliquer la stagnation du savoir sur les corps.” See Yvonne Knibiehler and Catherine Fouquet, *La Femme et les Médecins*. Paris: Hachette, 1983, 55.

the fetus was thus depicted as a miniature man set in a circular space— the edges of which were pinned back to reveal its insides in the style of an anatomy— , and in no way appeared connected a woman’s body. This abstract representation of the fetus was found in many other treatises of the time (in the Italian Scipione Mercurio in 1618, in Jacob Rueff in 1637) and is evidence of a grammar of the image that was then in force, informed at once by the prototypical model coming from Soranus of Ephesus’s treatise published in the second century, and by the artistic conventions of the time, but even more so by a scopic drive inseparable from *libido sciendi*.

Bruno Latour, in an article entitled “*Les ‘vues de l’esprit.’ Une introduction à l’anthropologie des sciences et des techniques,*”⁵⁹ comes back to what he calls “the culture of the eye” and suggests, with Svetlana Alpers, that Foucault’s *episteme*, this set of institutions and discourses of a given period, is also the way medical practitioners mutually conformed and thus began to interpret what they observed according to the same codes of representations. The art of describing thus became the art of defining according to the same visual grammar. Latour cites the historian of art Samuel Edgerton: “in the West, even if the subject of a printed text was not scientific, the printed image presented a rational form established according to the universal laws of geometry.”⁶⁰ The production of obstetric images in the

⁵⁹ Bruno Latour, “Les Vues de l’Esprit. Une introduction à l’anthropologie des sciences et des techniques.” *Culture Technique*, n°14, 1985, 37.

⁶⁰ Bruno Latour, “Les Vues de l’Esprit,” 38.

seventeenth century particularly resonates with these propositions: the representation of the fetus as seen in dissection and not as perceived *in utero* became the only scientific representation in force, the only one disseminated and proposed as a reference point. The primacy of the visual was not, however, expressed only by graphical representations: the narrative economy that regulated the treatises of doctors and *chirurgiens-accoucheurs* (male-midwives) was also subordinated to pictorial language. In the same way that this perspective enabled an optical coherence, pictorial language was the baseline since, as Latour reminds us, “all of the other senses are abandoned, vision alone allows us finally to think.”⁶¹

Vision is described by Merleau-Ponty “as the activity of a subject in relation to a distinct and separate object.”⁶² Two elements come into play: on the one hand, the fact that the subject is a physical, embodied, being, and on the other hand the fact that vision intervenes only in a set of relations between figure and entourage, horizon and object, imposing its way of sorting and organizing things seen into things known. Moreover, in spite of Merleau-Ponty’s attempts to invoke an interdependency of relations, seeing does not systematically mean being seen.⁶³

This lack of reciprocity is particularly problematic in the birthing room where the

⁶¹ “Tous les autres sens sont abandonnés, la vue seule permet enfin de penser.” Bruno Latour, “Les Vues de l’Esprit,” 37.

⁶² “comme l’activité d’un sujet en relation avec un objet distinct et séparé.”

⁶³ Conscious of these limits, Merleau-Ponty elsewhere attempts to inscribe the seeing person in a rhetoric of touch, claiming that the gaze “envelops, palpates, molds the visible things”, in a way similar to “tactile palpitation.” See Maurice Merleau-Ponty, *Le Visible et l’Invisible*. Paris: Gallimard, 1964, 173.

parturient mother, reified by the gaze of the other and instrumentalized by the positions that she is asked to take by the surgeon, finds herself evacuated from her own experience.⁶⁴

To Touch Is To Know

Touch, on the other hand, is based on an interdependence of bodies: the person who touches is touched by the other in return. It also allows access to texture, shape, and surface differentially to make multifaceted measurements of differences and divergences.⁶⁵ In Luce Irigaray's critique of Merleau-Ponty in *Éthique de la Différence sexuelle*, she points out that a map proposed by touch does not correspond at all to that drawn from sight: "my hand and the world have their roots, which cannot be reduced to the visible moment."⁶⁶ In *Naissance de la*

⁶⁴ For a more detailed exploration of the complexities of the relationship between the gaze of obstetricians and the gaze of the parturient mother, see Lianne McTavish, "Risking Exposure. The Visual Politics of Childbirth," *Childbirth and the Display of Authority*, 57-79.

⁶⁵ Which explains, for Didier Anzieu, why touch is the first sense to develop in the fetus. The skin (with its system of receptors) combines the spatial and temporal dimensions, thus giving it primacy of development above the other senses, judged to be biologically secondary. See Didier Anzieu, *Le Moi-Peau*, Paris: Dunod, 1995.

⁶⁶ "Ma main et le monde ont leurs racines, qui ne se réduisent pas à l'instant visible," in Luce Irigaray, "L'invisible de la chair. Lecture de Merleau-Ponty *Le Visible et l'invisible*: L'entrelacs-le chiasme," in *Éthique de la différence sexuelle*. Paris: Minuit, 1984, 151. Irigaray is also critical of Merleau-Ponty for adopting without naming and without theoretically clarifying a rhetoric of maternity: "If it was not a question of the visible, it would be possible to believe that here Merleau-Ponty makes allusion to intra-uterine life. In fact he uses "images" of the sea and of the

Clinique, Michel Foucault rightfully examines the epistemological shift brought about from the implication of touch:

Le médecin du XVII^e et du XVIII^e siècle ne restait-il pas ‘à distance’ de son malade? Ne le regardait-il pas de loin, n’observant que les marques superficielles et immédiatement visibles, guettant les phénomènes, sans contact, ni palpation, ni auscultation, devinant l’intérieur par les seules notations externes? Le changement dans le savoir médical à la fin du XVIII^e siècle ne tient-il pas essentiellement à ceci que le médecin s’est rapproché du malade, qu’il a tendu les doigts, et appliqué l’oreille, que changeant ainsi d’échelle, il s’est mis à percevoir ce qu’il y avait immédiatement derrière la surface visible, et qu’il a été ainsi amené peu à peu à ‘passer de l’autre côté,’ et à repérer la maladie dans la profondeur secrète du corps?⁶⁷

Did not the seventeenth- and eighteenth-century doctor remain ‘at a distance’ from his patient? Did he not observe him from afar, noting only the superficial, immediately visible marks and watching for phenomena,

beach. Of immersion and emergence? And he speaks of the risk of the disappearance of the seeing person and of the visible. Which doubly corresponds to a reality of intra-uterine implantation: what is yet in this night sees not and remains without being seen (as much as our knowledge is precise); but the other seeing person may not see it.”

« S’il n’était pas question du visible, il serait possible de croire que Merleau-Ponty fait ici allusion à la vie intra-utérine. Il emploie d’ailleurs les “images” de la mer et de la plage. De l’immersion et de l’émergence? Et il parle du risque de disparition du voyant et du visible. Ce qui correspond doublement à une réalité dans la nidation intra-utérine: qui est encore dans cette nuit ne voit pas et demeure sans visible (pour autant que nos connaissances soient exactes); mais l’autre voyant ne peut le voir,” Irigaray, *Éthique*, 144.

⁶⁷ Michel Foucault, *Naissance de la clinique. Une archéologie du regard médical* [1963]. Paris: PUF, 2009, 138.

without physical contact or auscultation, guessing at the inside by external notations alone? Was not the change in medical knowledge at the end of the eighteenth century based essentially on the fact that the doctor came close to the patient, held his hand, and applied his ear to the patient's body, that by thus changing the balance, he began to perceive what was immediately behind the visible surface, and that he was thereby led gradually 'to pass on to the other side', and to map the disease in the secret depths of the body?⁶⁸

But Foucault focuses on the doctors alone, dismissing the subordinate category of midwives. And even in the enthusiasm that led him to distinguish Jacques Duval as the pioneer of the modern clinic after the latter revealed the hermaphroditism of Marie/Marin Le Marcis through a genital auscultation, Foucault praises the man endowed with reason, able to turn his experiential knowledge into categories of thought in order to name the body parts:

[Duval] se livre à un examen qui n'est pas l'examen traditionnel des matrones, des médecins et des chirurgiens. Il pratique un examen de détail avec palpation et surtout description détaillée, dans son rapport, des organes tels qu'il les a trouvés. On a là le premier, je crois, des textes médicaux où l'organisation sexuelle du corps humain est donnée non pas dans sa forme générale, mais dans son détail clinique à propos d'un cas particulier. Jusque là, le discours médical ne parlait que des organes

⁶⁸ Michel Foucault, *The Birth of The Clinic. An Archaeology of Medical Perception*. Trans. A.M. Sheridan. Routledge, 1973, 136.

sexuels en général, dans leur conformation d'ensemble, à propos de n'importe qui et avec une grande réserve de vocabulaire. Là, au contraire, on a une description détaillée, individuelle, où les choses sont appelées par leur nom.⁶⁹

[Duval] undertakes a detailed examination with palpitation and, in particular, in his report he gives a detailed description of how he found the organs. This is, I think, the first medical text in which the sexual organization of the human body is not given in its general form but rather in clinical detail and with regard to a particular case. Until then, medical discourse only spoke of sexual organs in general, in their whole conformation, with regard to no one in particular and with considerable reserve in the language used. Here, we have a detailed, individual description in which things are called by their names.⁷⁰

Touch, being a common practice amongst midwives, (or “matrons” as Foucault calls them) never had a good reputation. Since it was associated with manual labor and involved contact with shameful parts, vaginal touch was seen as a dirty act synonymous with degrading work, even debauchery, and thought to have no place in a scientific approach. It became, however, the subject of an important

⁶⁹ Michel Foucault, *Les Anormaux. Cours au Collège de France (1974-1975)*, Paris, Gallimard, 1999, 63-64.

⁷⁰ Michel Foucault, *Abnormal. Lectures at the Collège de France 1974-1975*. Edited by Valerio Marchetti and Antonella Salomono. General Editors: François Ewald and Alessandro Fontana. Trans. Graham Burchell. London-New York: Verso, 2003, 69.

attempt of reclamation from emerging male-midwives: by publishing scientific works in which they present themselves as well-equipped with anatomical knowledge and experienced in procedures on the living body, they began seeking to oust the midwives and replace them. The cases they put forward portray them in situations where, all while presenting themselves as humane, compassionate protectors of Christian morality, they appropriate the hitherto feminine act of vaginal palpation and reclassify it as an acceptable scientific practice. This discursive presentation thus enables them to naturalize their place in the birthing room. The midwife Louise Bourgeois, on the other hand, must show an inverse logic in order to maintain her status: she must prove that touch can only be a feminine gesture, one that the surgeons cannot understand or perform.

With this background in mind, I seek to examine the tensions between experiential and theoretical knowledge in early modern medical discourse on living bodies.

In Chapter 1, I examine how Montaigne turned his *Travel Journal* into a *body journal* in order to establish himself as his own doctor. Setting out on a seventeen-month journey through France, Germany, Switzerland and Italy,

Montaigne wrote extensively about the cultural anecdotes he encountered, but he also kept a detailed diary of the thermal cures and the various medical treatments he designed for himself. Montaigne's skeptical mind led him to question the very foundations of the art of medicine as well as the doctors' interpretations of his symptoms. He was thus determined to follow his personal experience rather than listen to contradictory medical dictates. While medical discourse transforms the living body into an *object* of inquiry and claims to regulate its health from the outside, Montaigne declared that his body was the *subject* of his own experienced-based knowledge. Writing *from* his own body rather than *on* a body, he enriched the medical discourse and categories of thinking he borrowed from the doctors with his own subjective experience. I read his journal as a privileged site for what Michel Foucault names the "arts of existence," that is to say for a discourse that is not purely medical but also cultural and philosophical: a discursive practice of the self based on the Greek concept of *epimeleia heautou* ("care of the self"). In this revolutionary approach to medicine, Montaigne combined Stoic and ancient philosophical knowledge with medical experiments, adapting and personalizing his own treatment as needed. Unlike the doctors of his time, Montaigne was not interested in establishing complete mastery over his unruly body: rather, he understood medical care as a form of self-care. He explored them in a fluid personal narrative that effortlessly incorporated notes on his food and drink as well

as recipes, cultural anecdotes and *mirabilia*. In other words, he constructed his own health regimen, his own personalized medical treatise. Montaigne could not have been aware that similar practices of care already existed in traditional midwifery, but he shared with them, and with Louise Bourgeois in particular, a very heightened sense of experiential practice of the self.

The second and third chapters are devoted to the works of Louise Bourgeois, midwife to Marie de' Medici, and the first Frenchwoman to write a medical treatise on childbirth. Both chapters take as a point of departure the fact that Bourgeois's position was extremely complex and precarious, and that she consequently had to rhetorically negotiate the tensions associated with her professional and social status. Born into the bourgeoisie, fallen into poverty, practicing the disreputable profession of midwife for poor women as well as for noblewomen, Bourgeois's good education and marriage to an army surgeon enabled her to straddle different social and medical realms. As a Parisian midwife in the early seventeenth-century, she was a unique female voice in the birthing room and a privileged witness to the epistemological transformation that gradually relegated traditional midwives to the rank of assistants and established the unquestionable authority of emerging male-midwives. This "sage femme entre deux mondes" [midwife between two worlds], as Jacques Gélis calls her, had to protect and promote both the specificity of her medical practice and her position at court. In Chapter 2, I begin by tracing the

archeology of the *topos* of the incompetent midwife in the French cultural and literary tradition through an analysis of Gargantua's birth scene in the eponymous text by Rabelais. I then investigate the ways in which Bourgeois, in her medical manual *Observations*, attempted to counterbalance this traditional and derogatory representation of midwives by depicting herself as a competent, caring midwife—all the while negotiating tensions with surgeons and physicians. Bourgeois did not argue that she was different or better: she simply presented herself as a model of professionalism. Bourgeois also sought to give form to her unique approach to midwifery: a subtle combination of thinly veiled ancient and anatomical knowledge mixed with experiential practice. I consider the ways in which Bourgeois took great care to define and disseminate her knowledge without provoking the anger of doctors: in particular, she claimed touch, which was associated with touching the shameful parts but also coveted by male-midwives, as a privileged means to know the female body and as the basis of her practice. To avoid posing a threat to physicians and surgeons, she also made light of her scholarly knowledge, reframing it as popular wisdom or sayings. Ultimately, she provided a vast range of case studies, describing the body in health and in sickness, in life and death, from the outside and the inside, using all senses and means of knowledge available. By doing so, she subverted the notion in medical rhetoric that the female body had to be firmly categorized and normatized.

Chapter 3 examines how Louise Bourgeois used autobiographical writing as a discursive strategy to fashion herself as the epitome of the perfect medical practitioner and courtesan. First, she framed the story of how she learned the art of midwifery as a fairy tale, thereby settling a score with Madame Dupuis, midwife to Henry IV's mistress and her personal enemy. Then, she constructed her story of being selected by the Queen to assist in her delivery as a genuinely authentic testimony, manipulating narrative techniques to alter reality in her favor. In both accounts, I argue that Bourgeois harnessed the power of the narrative to anchor her tales in experience while subtly altering her version of the truth. On the one hand, she made use of epideictic discourse to place herself under Marie de' Medici's protection while constantly upstaging the Queen. On the other hand, it is the effect of reality precisely conferred by *experience* that validates the accounts; everything occurs as if it were true, although it is retrospectively written and describes scenes that the midwife would never have been able to witness, such as intimate dialogues between the King and Queen. Ultimately, the extreme theatricality of both autobiographical narratives indicates that Bourgeois partly took her cue from male-midwives in fashioning herself as a loyal and competent medical practitioner.

Chapter 4 examines the rhetorical devices by which emerging male-midwives sought to persuade their readers that their competence, empathy and high morals—pitted against what they claimed to be the ignorance of uneducated

traditional midwives—, legitimized their presence in the birthing room. I explore these rhetorical negotiations in two important treatises by Jacques Duval and François Mauriceau, demonstrating that it is through various acts of dilation and deferral that these authors aim to inflate parts of their texts in the hope of giving themselves the more important role. These textual and discursive protuberances, while commonplace in the early modern period, are more than an exercise in *copia*: indeed, they showcase their authors' skills and knowledge and shift focus from the visibility of the woman's body to the visibility of the surgeon's work. By providing gripping stories in which they fashion themselves as conflicted parents or relatives of a dying parturient mother, Duval and Mauriceau naturalize their medical discourse on the female body and establish themselves as sole authorities. In the last section of this chapter, I analyze how male-midwives blamed Louise Bourgeois for failing to perform the very simple task of removing the afterbirth of Madame de Montpensier and accused her of causing her death in 1627. While Bourgeois attempted to defend herself by presenting a rational version of the facts, supported by very clear references to anatomical and ancient knowledge, she was ultimately destroyed by a pamphlet that reduced the midwife's role to that of an assistant to male-midwives.

Ultimately, my project aims to reconstruct a genealogy of medical writing in the early modern period that foregrounds experiential knowledge and makes room

for women as well as sick and non-normative bodies. In literary studies, it traces the trajectory of unusual first-person narratives as they move from iterations of self-care to demonstrations of self-fashioning. It also expands our understanding of early modern autobiographical writing beyond the borders of the literary canon by unearthing new archives of the self in medical discourse. In medical humanities, it refreshes the perspective on the establishment of medical authority by foregrounding rhetorical negotiations in rarely explored archives. In gender studies, it showcases women's efforts to protect and maintain the uniqueness of fundamental practices such as touching and caring for pain. Paying close attention to a plurality of representations of experience-based medical knowledge demonstrates the co-existence of various ethics of medicine, and how emerging male-midwives endeavored to appropriate traditionally female practices and rewrite them as male in their dominant discourse on the body.

CHAPTER 1

WRITING FROM THE BODY: SUBJECTIVE EXPERIENCE AND SELF- KNOWLEDGE IN MONTAIGNE'S TRAVEL JOURNAL

When Abbot Prunis discovered an unpublished manuscript by Montaigne at the Château de Guyenne, in 1770, excitement was high. One could imagine new introspective and luminous chapters in the vein of the *Essays*, brilliant analyses, punctuated with Latin citations, in a rich language, through which the famous Renaissance author would dissect his world and his very heart of hearts. At the end of the enlightened eighteenth century, when the trend was reflections on the world and writings on the self -Diderot and d'Alembert had been editing their *Encyclopaedia* since 1751; Rousseau had just released his *Confessions* in 1765- an unpublished text by Montaigne was a dream. The manuscript that Prunis brought to d'Alembert was, however, a bitter disappointment: it was a journal recounting the voyage that Montaigne, after having presented the first book of his *Essays* to Henri III during the siege of La Fère in 1580, made for seventeen months through part of France, Germany, Switzerland and Italy, before going back to Bordeaux where he was appointed mayor. The first cause of disappointment was that the journal was

only partially written by Montaigne himself: from Beaumont-sur-Oise to Rome, the penman was an anonymous secretary, an *amanuensis* who may have written under dictation or on his own. The second cause was how poor, pragmatic and repetitive the language was, far from the flowing eloquence of the *Essays*.⁷¹ The third problem, which disturbed the readership of the eighteenth century and continues to do so today, resided in the fact that the *Travel Journal* only seemed dedicated to recording miscellaneous anecdotes on the trip and gruesome details on its author's ailing body.⁷² While certainly listing the *mirabilia* and *curiosa* of which the Renaissance was so fond,⁷³ it primarily drew up an endless list of the pains, symptoms, remedies and cures that Montaigne experienced during the long months of thermal cures when attempting to treat his kidney stones. Abbot Prunis, for his part, was shocked by Montaigne's style and words without reserve: to prevent Prunis from expunging the text of its numerous references to the sick body, Charles-Joseph de Ségur, owner of the Château de Guyenne, removed the

⁷¹ For the French text of the *Essais*, I am referring to the Villey-Saulnier edition, Paris: PUF: 1965. For the French text of the *Journal de Voyage*, I am referring to the following edition: Michel de Montaigne, *Journal De Voyage*, Ed. Fausta Garavini, Paris: Gallimard, 1983. All future references to the French text of the *Travel Journal* are to this edition and will be indicated JV for *Journal de Voyage*.

For the English translation of the *Essays* and the *Travel Journal*, I am referring to the following edition: Michel de Montaigne, *The Complete Works: Essays, Travel Journal, Letters*, Trans. Donald Frame, New York: Alfred A. Knopf, 2003. From now on, I will use the abbreviations *Essays* and *TJ*.

⁷² As Donald Frame notes, "the *Travel Journal* disappointed many of its readers, who had hoped for something polished and profound, or at least daringly skeptical. Even today, when we learn of more than we may wish of waters drunk and voided and of meals, prices, and accommodations." See Donald Frame, *Montaigne: A Biography*. New York: Harcourt, Brace and World, 1965, 211.

⁷³ Such as gender change and the notorious case of Marie/Marin Germain (JV 77-78; TJ 1059.)

manuscript from him and asked Parisian editor Le Jay to find a less prudish editor. A copy was made by the Canon Leydet in 1771, from which Anne-Gabriel Meusnier de Querlon, curator of the manuscripts of the Bibliothèque Royale, was able to establish a partial edition of the *Travel Journal* in 1774.⁷⁴ Shortly after it was given to the Bibliothèque Royale, the original manuscript was misplaced and has not been found ever since. The manuscript having disappeared and the Leydet copy sunken into obscurity, for a long time Querlon's edition would constitute the sole available reference, and the *Travel Journal*, in its shortened version, would become a minor appendix to the famous *Essays* of Montaigne.

With the fortuitous rediscovery of the Leydet copy by François Moureau at the beginning of the 1980s,⁷⁵ some of the scholarship attempted to transcend its preconceptions of this heterogenous document written without a view to publication. François Moureau, René Bernoulli and François Rigolot, in particular, endeavored to question the authorship of the *Travel Journal*, to establish the reasons for the voyage, to understand the resonances between the *Essays* and the

⁷⁴ Meusnier de Querlon worked with the assistance of two other men: Giuseppe Bartoli, a Piedmont-born antiquarian, who was also appointed as foreign associate at the Académie Royale des Inscriptions et Belles-Lettres, deciphered and translated the Italian part of the text; François-Louis Jamet, a young bibliophile, added historical, geographical and linguistic notes.

⁷⁵ Although the Leydet copy does not reproduce more than one third of the text, it has considerably rekindled scholarship interest in Montaigne's *Travel Journal* since the late 1980's. See François Moureau, "La copie Leydet du Journal de Voyage," *Autour du Journal de Voyage de Montaigne, 1580-1980*. Ed. François Moureau and René Bernoulli, Geneva and Paris: Slatkine, 1982, 107-185.

Current editions (by Fausta Gavarini for Gallimard, François Rigolot for PUF or Claude Pinganaud for Arléa) are based on copies by Meusnier de Querlon (1774) and by Leydet (July 1771).

Travel Journal –all necessary questions, but which continue to place the *Travel Journal* in an exclusive and centripetal relationship with the *Essays*.⁷⁶ In the English-speaking world, the rise of medical humanities has also led to a renewed interest in this document as an “*illness narrative*”: Margaret Healy has thus focused on the way Montaigne describes his attacks of renal colic⁷⁷ and suggested that writing a journal helped Montaigne come to terms with his illness. Unfortunately, although Healy makes a strong case for reading the *Travel Journal* as an “egodocument,” she mostly focuses of Montaigne’s perception of pain as it was transcribed first in the *Travel Journal* and then reworked in the *Essays*.

I have chosen to recall the history of the reception of the *Travel Journal* at length because the scholarship has systematically treated it as a minor document, whose re-discovery unfortunately provided a cause for archival excitement more than the opportunity to re-interrogate and possibly extend Montaigne’s perspectives on the body and the self. The *Journal* has therefore been mined for historical

⁷⁶ See Claude Blum, Philippe Derendinger and Anne Toia, *Montaigne: Journal De Voyage En Alsace Et En Suisse, 1580-1581: Actes Du Colloque De Mulhouse-Bale, 12 Juin 1995*. Paris: Champion, 2000; Concetta Cavallini, “Giuseppe Bartoli Et Le Journal De Voyage De Montaigne.” *Studi Di Letteratura Francese: Rivista Europea*, vol. 28, 2003, pp. 27-38; Concetta Cavallini, “Le Voyage 'Culturel' à La Renaissance: Montaigne En Italie En 1580-81.” *Confronto Letterario: Quaderni Di Letterature Straniere Moderne e Compareate Dell'Università Di Pavia*, vol. 30, no. 59, 2013, pp. 5-17; Elisabeth Schneikert, *Montaigne Dans Le Labyrinthe: De L'imaginaire Du Journal De Voyage A L'écriture Des Essais*. Paris: Classiques Garnier Numérique, 2009; L. Monga, “Ecriture Viatique Et Fiction Littéraire: Voyageurs Et Secrétaires,” *Autour Du Journal De Montaigne*. Montaigne Studies. 15 (2003): 9-20.

⁷⁷ See Margaret Healy, “Journeying with the ‘Stone’: Montaigne’s Healing Travel Journal,” *Literature and Medicine*, n° 24 (2), 2006, 231-249. See also Anne Schutte, “Suffering from the Stone: the Accounts of Michel de Montaigne and Cecilia Ferrazzi,” *Geneva: Droz Bibliothèque d’Humanisme et Renaissance*, 2002, n°64 (1), 21-36.

information on thermal cities and treatments for kidney stones, it has been read alongside the *Essays* for a better understanding of authorial authority or the writing process of the *Essays*, or it has not been read at all.

By contrast, my reading of the *Travel Journal* is unique in several ways. First, I wish to pay attention to its own structure, rhetoric, and internal logic rather than read it through the lens of the *Essays* or as a means to shed an improbable “new” light on the *Essays*. Second, I would suggest that rather than a travel journal, it can be read as a body journal –which has proved to be more than enough to scare the prudes, but also to place the text outside of what is conventionally accepted as “literature.” Does this mean then that the *Travel Journal* is mostly a hollow text, a preliminary text whose sole purpose was to feed the reflection of the second and third books of the *Essays* that followed it chronologically? For many scholars –including Montaigne’s translator Donald Frame, who claimed that “a swift but careful check convince[d] [him] that this [text] would produce no really significant change”⁷⁸– the *Travel Journal* is of little literary or philosophical value. The question of literary value is a vast one and I will not venture into it, but I hope that this chapter goes to show that the *Travel Journal* creates numerous new opportunities to reflect on the production of Montaigne’s textual body. Third, I believe that, rather than being an account of illness –narrating the sickness with the

⁷⁸ Donald Frame, *Montaigne’s Travel Journal*. San Francisco: North Point Press, 1983, xiii.

aim to accept and/or understand it– the *Travel Journal* carries important traces of the therapeutic intentions of Montaigne and uncovers his project to become his own physician. A notorious skeptic, Montaigne simply could not trust anyone’s judgment more than his, and made it a point to put his own judgment to the test repeatedly. Finally, and most importantly, I believe that the *Travel Journal* can be read as a rare locus of embodied subjectivity in the sixteenth century, as Montaigne explores his sick body and attempts to cure his illness on two different levels - experientially, by testing and prescribing himself remedies and thermal treatments, and intellectually, by taking charge of his illness instead of putting himself in the hands of doctors. I believe that it is precisely because Montaigne acts as both patient and physician that he is able to reflect on his experience and structure his theoretical knowledge around his experiments, but also to develop agency at the same time. I analyze what I call this *logic of health* -inscribed in an active and deliberate approach- in light of a Greek concept unearthed by Michel Foucault, the *epimeleia heautou* or “care of the self,” which Montaigne, steeped in antique culture, could not ignore. Following this concept, I show that the *Travel Journal* testifies to Montaigne’s theoretical and empirical trial and error in the development of a real “health regime” or “regimen” [régime de santé], as established in the Antiquity and the Middle Ages, and of which the trend endured until the Renaissance. The “health regime,” explains Marilyn Nicoud, was a specific type of

literary production: born from a theoretical reflection on the place and the role of nutrition in the conservation of health, it was based on the examination and observation of “non-natural things” (air, food and drink, sleep and wakefulness, starvation and repletion, exercise and rest, passions of the soul) of which the role is ambivalent: they were frequent causes of illness, but also the main factors in the conservation of health.⁷⁹ Stemming from a profound distrust of medicine and desire to establish his own health regime, Montaigne’s curative strategies take place at thermal spas as well as in writing. I argue that at a time that Jonathan Sawday has famously called “the culture of dissection,” when anatomy was considered the privileged gateway to the body, there were alternative ways of knowing the body and one’s interiority than examining the mechanisms of a corpse. I fully adhere to Stephen Pender’s argument that “while the anatomical theatre provided an ensemble of resplendent metaphors for a diverse array of early modern writers, it was around the living body, and thus around medical semiotics and hygiene, broadly configured, that most early modern thought about interiority revolved.”⁸⁰ However, I diverge from Pender when he claims that symptoms and hygiene

⁷⁹ Marilyn Nicoud, *Les Régimes De Santé Au Moyen Âge: Naissance et Diffusion d'une Ecriture Médicale, XIII-XVe Siècle*. Rome: École française de Rome, 2007.

⁸⁰ See Stephen Pender, “Signs of Interiority, or Epistemology in the Bodyshop.” *Dalhousie review*, 85 (2), 221-237, 228. Pender here criticizes Jonathan Sawday’s limited interpretation of what Sawday famously calls “the culture of dissection” and argues that early modern thought on interiority could also revolve around hygiene and nutrition.

afforded an “unmethodized view of the interior.”⁸¹ It is my contention that in the example of Montaigne’s *Travel Journal*, the methodology, which I call “logic of health,” is of the utmost importance, as Montaigne endeavors to analyze, categorize, and construct a new interpretative framework based on all the bodily information he can gather from his own experience.

In the first section of this chapter, I analyze Montaigne’s complicated relationship with medicine and consider how the criticisms that he directs at physicians specifically address their hermeneutics as well as the predominance of their visual models of knowledge. In the second section, I consider the thought processes through which Montaigne manages to create his own “health regime” based on induction rather than deduction. I break them down into two categories: observation, and analysis/synthesis. In the third section, I consider to what extent this intellectual and methodological approach, in combination with its practical application at the baths, constitutes an example of self-care (*epimeleia heautou*) and establishes a series of health strategies conducive to the autoregulation of the illness (or at least of the perception of pain) but also to self-knowledge. In addition, I highlight the specific role of the joy of traveling in Montaigne’s therapy: counteracting physical pain, the culture of the soul and the body proves to be

⁸¹ Pender, “Signs of Interiority,” 230.

inseparable from pleasure. Ultimately, I hope to show that the *Travel Journal* is a privileged site for Montaigne to explore not only the inner workings of his body, but also the mind-body connection, and, as such, presents us with instances of interiority which are difficult to come by in the early modern period.

I. Montaigne's Complicated Relationship with Medicine: Hermeneutics, Experience and Visuality

In Chapter 37 of Book II of the Essays, “*Of the Resemblance of Children to their Fathers*,” Montaigne attempts to explain his complicated relationship with medicine. Given his virulence towards doctors, it would be tempting to assert that he simply hates them. In fact, as Stephen Pender notes, his quarrel is not with physicians but with their art, which is rife with ‘conjectures and divinations.’⁸² The medicine of his time, Montaigne understands, is a question of interpretation: symptoms are collected, categorized, then filtered through key reference texts, which are so numerous, old and obscure that not two doctors will ever agree on their results. The instability of medical discourse is puzzling to Montaigne because of three problems: the bad politics of doctors who impose their contradictory views,

⁸² Pender, “Signs of Interiority,” 231.

the impossibility to determine a reliable interpretative framework for each patient, and the ways in which the primacy of the visual established by anatomical science skews our understanding of the live sick body. All of these problems point to a much larger one: medical discourse aims to normalize the sick body based on general assumptions derived from book knowledge and dissections, and thus fails to take into account the personal experience of living patients.

Montaigne's critique of doctors begins with a very simple question: how can they know what only he feels? The hyperbolic terms by which he details the anamnesis of his illness indicate his need to assert the gravity of his own pain, his own experience:

Je suis aus prises avec la pire de toutes les maladies, la plus soudaine, la plus douloureuse, la plus mortelle et la plus irremediable. J'en ay desjà essayé⁸³ cinq ou six bien longs accez et pénibles.⁸⁴

I am at grips with the worst of all maladies, the most sudden, the most painful, the most mortal, and the most irremediable. I have already experiences five or six very long and very painful bouts of it.⁸⁵

⁸³ Here, we must of course note the use of the verb *essayer* [to try], which then signifies "to experience," "to test," and also "to measure."

⁸⁴ *Essais, De la Ressemblance des Enfants aux Pères*, 760.

⁸⁵ *Essays, Of the Resemblance of Children to their Fathers*, 698.

Then, establishing the hereditary link between his illness and that of his father, Montaigne traces the genealogy of this extraordinary disease:

Il est à croire, dit-il, que je dois à mon pere cette qualité pierreuse, car il mourut merueilleusement affligé d'une grosse pierre qu'il avoit en la vessie. (*Essais* 763)

It is probable that I owe this stony propensity to my father, for he died extraordinarily affected with a large stone he had in his bladder. (*Essays* 701)

Recognizing that his observations on his father's illness, on that of his ancestors and on his own, all obtained through direct experience or testimony, provide him with an etiology that doctors cannot explain, Montaigne then declares his superiority over those skilled in the art of medicine: "j'ay assez gagné sur eux par mes exemples domestiques" (764) [I have gained enough over them by my family examples (702)]. Chapter 37 takes the form of a severe diatribe as he declares that his antipathy towards medicine, like the kidney stones it fails to cure, is hereditary: "j'ay receu la haine et le mespris de leur doctrine: cette antipathie que j'ay à leur art, m'est hereditaire" (764) [I have received my hatred and contempt for their teachings. The antipathy I have for their art is hereditary with me (702)]. He then goes on to write up a list of his grievances, without omitting that "chez les

médecins, fortune vaut bien mieux que la raison” (764) [with doctors, fortune is much more valuable than reason (702)]. Indeed, how can one have confidence in the science of doctors,

lequel n’est connu que des hommes versez aux livres, sans faire voir encore au peuple les controverses et inconstances de jugement qu’ils nourrissent et continuent entre eux. (*Essais* 771)

which is known only to men well-versed in books, without revealing also to the public the controversies and inconsistencies of judgement which they foster and continue among themselves. (*Essays* 709)

Montaigne attacks physicians at a pivotal moment in the Renaissance when, as noted by Jean Céard, medicine was professionalizing and sought to place the patient in a passive auxiliary role.⁸⁶ The organization of scientific knowledge therefore completely excluded the patient from his or her own experience.

Montaigne also both laughs, and is annoyed, at classical sources that endlessly contradict themselves:

⁸⁶ See Jean Céard, “La culture du corps. Montaigne et la diététique de son temps” in *Le Parcours des Essais: Montaigne, 1588-1988*. Ed. M. Tetel and G. Mallary Masters, Paris: Aux Amateurs de Livres, 1989, 83-96. Céard takes Laurent Joubert’s *Erreurs populaires*, first published in 1578, as an example of how doctors would deliberately select ignorant assistants, such as “ceux qui sçavent à demi, ou pensent sçavoir sans raison,” [those who half-know, or think they know without reason] so that their medical authority could not be questioned. In fact, Joubert makes no secret that he wrote his *Erreurs populaires* in order to correct his readers’ mistakes and educate them on medical matters (Laurent Joubert, *Erreurs populaires*, Rouen: Raphaël du Petit Val, 1601, 110-111).

Hierophilus loge la cause originelle des maladies aux humeurs;
Erasistratus, au sang des artères; Asclepiades, aux atomes invisibles
s'écoulants en nos pores; Alcmaeon, en l'exuperance ou défaut des
forces corporelles; Diocles, en l'inequalité des éléments du corps et en
la qualité de l'air que nous respirons; Strato, en l'abondance, crudité et
corruption de l'aliment que nous prenons; Hippocrates la loge aux
esprits. (*Essais* 771)

Hierophilus lodges the original cause of diseases in the humors,
Erasistratus, in the blood of the arteries; Asclepiades, in the invisible
atoms flowing in our pores; Alcmaeon, in the exuberance or deficiency
of our bodily powers; Diocles, in the inequality of the elements of the
body and in the quantity of the air we breathe; Strato, in the abundance,
crudity and corruption of the nourishment we take; Hippocrates lodges
it in the spirit. (*Essays* 709)

In doing so, Montaigne points with humor at the impossibility of constructing a
reliable interpretative system from contradictory references, and denounces the
recourse to a conceptual apparatus developed by physicians under the technical
name of *Instructions*. These *Instructions* relied on an analytical system that tried to
include physiology, hygiene and pathology together: too many elements, according
to Montaigne, who doubts the physicians' ability to identify a disease's unique
symptom when each disease possesses an infinite number of them:

Comment [le médecin] trouvera-t-il le signe propre de la maladie, chacune estant capable d'un infiny nombre de signes?" (*Essais* 773)

How shall he [the physician] find the proper symptom of the disease, each disease being capable of an infinite number of symptoms? (*Essays* 712)

For Montaigne, physicians only make the situation worse: not knowing how to interpret the symptoms, they suggest treatments that should be feared and predict uncertain consequences. Montaigne understands that medicine is a form of hermeneutics: his double position as both subject and object offers him a privileged place to perceive these signs and to interpret them. To the doctors, all of them exterior observers, deciphering the body only occurs through medical reference texts: the classical Hippocrates, Galen and Avicenna; the contemporary anatomist Jean Fernel or the surgeon Ambroise Paré. For Montaigne, the personal experience of an individual listening to, and analyzing, his/her body is greater than objective knowledge. As formulated by Jean Starobinski in *Montaigne en mouvement*: “l’essai personnellement vérifié vaut mieux que la science présomptive des savants” [The trial personally verified is better than the presumptive science of the

scientists].⁸⁷ But there is a limitation to this approach, one that is lexicological as well as scientific: the only language available to speak of one's body is that of the doctors. For a natural born borrower and compulsive quoter like Montaigne, this is not completely an issue. As Starobinski adds in a later article, "Montaigne cannot narrate his own being except by appropriating the language of the doctors, by making use of their categories, by diverting them, according to the rules he applies to all of his borrowings, for his own benefit."⁸⁸

Jean Starobinski underlines how Montaigne's *Essays* are informed with medical knowledge: some passages are indeed transcriptions of medical principles inherited from Hippocrates or reformulated by Ambroise Paré⁸⁹ which demonstrates Montaigne's profound interest in educating himself and mastering his understanding of key reference texts. Jean Céard, for his part, insists on the relationships between medical treatises on nutrition such as Hierosme de Monteux's *Conservation de santé et prolongation de vie* [Conservation of Health and Prolongation of Life], translated into French in 1572, and the health regime detailed by Montaigne in "*Of Experience*."⁹⁰ The *Travel Journal*, however, does not reference, criticize, nor gloss over medical works: instead, it reveals the very

⁸⁷ Jean Starobinski, *Montaigne en mouvement*. Paris: Gallimard, 1982, 276. My translation.

⁸⁸ "Montaigne ne peut se raconter qu'en s'appropriant le langage des médecins, qu'en faisant usage de leurs catégories, en les détournant à son profit." See Jean Starobinski. "The Body's Moment," Trans. John Gallucci. *Montaigne, Essays in Reading*, Yale French Studies, n° 64, 1983, 279-280.

⁸⁹ Starobinski, *Montaigne en mouvement*, 201.

⁹⁰ Jean Céard, "La culture du corps," 96.

experimentation and trial and error method that will eventually form the basis of Montaigne's inductive reasoning. The *Travel Journal* makes evident that Montaigne, while making use of the doctors' vocabulary, remedies and treatments, seeks at all cost to detach himself from their deductive reasoning. He is mindful to avoid circular reasoning, known in scholastic Latin under the name of *petitio principia*, which lead doctors to establish generalized Hippocratic theories based on one particular example. Where doctors imposed pre-established knowledge on the body, Montaigne puts forward his body as a place of knowledge – but for himself only. The body can only be explored by engaging in a thinking process based on this very specific body. Or, as Stephen Pender explains, Montaigne “impugn[s] the universalism of medical theory and anatomy with the tractable experience of his own embodiment.”⁹¹ The *Travel Journal*, thus, reveals the interplay of mind and body: the mind, the locus of philosophy and reason, draws on the body's experience to establish a new health regimen. But while the body can be studied, measured, scrutinized, and intellectually dissected, the mind escapes the anatomical gaze. As Julie Robert points out, “Montaigne's repeated evocations of the mind, reason, personal experience, and philosophy in discussions pertaining to medicine thus serve as a reminder that anatomy, despite its advancement and corrections to Galenic medicine, could still not satisfactorily answer some of the biggest and

⁹¹ Pender, “Signs of Interiority,” 245-246.

arguable most fundamental questions about the human condition.”⁹² In fact, Montaigne’s position towards anatomy is particularly complex. In the *Apology for Raimond Sebond*, he notes that anatomy, as a method of inquiry into the human body, is notoriously instable and open to conjectures:

Si on voit jusques aujourd’hui les dieux de la médecine se débattre de notre anatomie, [...] quand attendons-nous qu’ils en soient d’accord? (*Essais, Apologie pour Raimond Sebond*, 561)

If we see even to this day the gods of medicine disputing about our anatomy, [...] when do we expect them to agree? (*Essays, Apology for Raymond Sebond*, 512)

In this, Montaigne diverges from Ambroise Paré, the great surgeon whom he read and held in great respect. Paré writes that anatomy leads us to the knowledge of our Creator, as the effect leads to the knowledge of the cause.⁹³ Montaigne frequently praises the excellence of the human body in the *Essays*, but seems prompt to reduce the science of anatomy to the quarrels it provokes amongst

⁹² Julie Robert, “Pa/Enser Bien Le Corps: Cognitive and Curative Language in Montaigne’s *Essais*,” *Journal of Medical Humanities*. 36.3 (2015): 241–250, 243.

⁹³ “Quant à son utilité, il y en a quatre principales, dont la première nous mène et conduit à la connaissance du Créateur, comme l’effet à la connaissance de la cause,” [As for its utility, there are four main ones: the first one leads us to the knowledge of the Creator, as the effect leads to the knowledge of the cause], Ambroise Paré, Preface to “Troisième Livre traitant de l’Anatomie de tout le Corps humain,” *Oeuvres*, Ed. 1985, LXXXVII, 2.

physicians. While anatomy is often described, in medical texts by Paré or his contemporaries,⁹⁴ as a privileged means to gain knowledge on the body -and, the body being a receptacle for the soul, to the soul itself- Montaigne has his doubts regarding the interpretation of this new knowledge. In fact, once again, his criticism is aimed at anatomists rather than anatomy itself. Whether the anatomical theater is a site for heated discussions or for what he sees as morbid cruelty (saying that anatomy allows criminals to be torn apart alive by doctors so that they can gaze at our interior parts and ascertain their art,)⁹⁵ it stages death rather than life, it focuses on a simplified mechanical understanding of the body instead of the extraordinary complexity of body and soul intertwined. The anatomization of the body freezes its parts in death and consequently fails to trace all that is not yet apparent at this given time. Montaigne's father was not yet ill with kidney stones when Montaigne was conceived, and yet Montaigne inherited the disease from him: consequently, if all we see in the anatomized body is all there is, how does one account for hereditary diseases? But Montaigne's suspicion towards anatomy is not solely the by-product of his suspicion towards doctors: it is also a legitimate scientific question regarding the primacy of the visual in the establishment of medical science. Moreover, in

⁹⁴ See Pierre de la Primaudaye, *La suite de l'Académie française, en laquelle est traité de l'homme*. Paris: Chouet, 1593, I, 2, 17, and Nicolas Habcot, *La Semaine, ou pratique anatomique, par laquelle il est enseigné par Leçons le moyen de désassembler les parties du corps humain les uns d'avec les autres, sans les intéresser*. Paris: Bobin, 1610. Both references are cited by Jean Céard in *Montaigne anatomiste*, Cahiers de l'Association Internationale des Etudes Françaises, 2003, n°55, 299-315.

⁹⁵ See *Essais*, II, 23, 1058.

spite of radically changing early modern notions of embodiment, anatomical knowledge could not provide relief to Montaigne's suffering. Since Montaigne cannot dissect his own body, since he cannot splay it open and operate directly on himself, he proceeds to put into words his embodied experience and to scrutinize it intellectually. In the era of the mirror and the scalpel, governed by what Jonathan Sawday calls "the culture of dissection,"⁹⁶ Montaigne fumbles in the dark: no one can see the inside of their body, but the sick person can surely take note of what he/she feels, what goes in and what comes out, of how both body and mind react to pain and to treatments. A different type of medical knowledge must be invented, one that is experience-based, personal, concerned with the individual and revealing of his/her specific needs.

II. Experiments

Observations

While Montaigne takes issue with the findings and the interpretational system of the doctors, he does not hesitate to engage in their experiments himself. "La medecine se forme par exemples et experience; aussi fait mon opinion," he

⁹⁶ Jonathan Sawday, *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture*. London-New York: Routledge, 1995, 3.

writes in *De la Ressemblance des Enfants aux Pères* (764) [medicine is based on examples and experience; so is my opinion (702)]. Following the example of Michele Savonarola, a famous 15th century Italian doctor who, according to Katharine Park, studied thermal waters based on the model of corporal fluids,⁹⁷ Montaigne tastes the waters, notes their flavors, odors and main composition, and, even more interestingly, compares them in the hope to identify their particular benefits. Thus, at Battaglia, near Venice, the secretary writes:

Il lui trouve à la bouche peu de goût, comme à celle de Saint-Pierre, peu de senteur de soufre, peu de salure; il pense que qui en boirait en recevrait même effet que de celles de Saint-Pierre. (JV 167)

He finds little taste to it in the mouth, like that of San Pietro, little smell of sulphur, little saltiness; he thinks that if anyone drank it he would get the same effect as from that of San Pietro. (TJ 1125)

The vocabulary is precise, even technical, and testifies to the need to establish a comparative panel of all thermal waters. Montaigne continues this descriptive

⁹⁷ See Katharine Park, "Natural Particulars: Medical Epistemology, Practice, and the Literature of Healing Springs," in *Natural Particulars: Nature and the Disciplines in Renaissance Europe*. Ed. Anthony Grafton and Nancy G. Siraisi, Cambridge Mass: MIT Press, 1999, 347-368: "Savonarola explained that you could determine the mineral contents of water by sight, taste, touch, and hearing: water with a predominance of nitrum was more transparent and much sharper in taste than water with a predominance of salt."

practice by himself, notably at the baths of La Villa, at Lucca, where he spends a long time:

C'est une eau chaude fort modérément, comme celle d'Aigues-Caudes ou Barbotan, ayant moins de goût et saveur que nulle autre que j'aie jamais bue. (JV 271-272)

It is a very moderately hot water, like that of Aigues-Caudes or Barbotan, having less taste and savor than any other I have ever drunk. (TJ 1203)

Having evaluated the waters from a point of view claiming to be scientific, Montaigne then details the therapy that he imposes upon himself as a therapy client: the number and hours of the baths are carefully recorded, together with the quantities of water swallowed then evacuated by urine and sweat. In keeping with the medical theories of the time, the patient drinks with the hope to eliminate stones and mucus, and also to combat the cold and the drying out of the body. He makes detailed lists of his ailments (colic attacks, gas, pain...) and keeps track of all the remedies that he gives himself: casse [cassia] and senné [senna], both popular purgatives (JV 270), coriander seeds to prevent flatulence (JV 291), an enema prepared with oil, chamomile and anise (JV 330), fasting during attacks...

Everything is recorded with precision to clearly identify the possible correlations between care and therapeutic outcomes.

Analysis and Synthesis: Writing His Own ‘Consilium’

Having thus established his own case history (*historia*),⁹⁸ he endeavors to write his own *consilium*. The *consilium*, explains Claire Preston,⁹⁹ alongside other related forms of the later Renaissance such as *observations*, *curationes* and *exempla*, were “somewhat less attentive than formerly to the revered medical authorities whose regimes governed the physician’s practice and against which their treatments needed to be justified and rationalized –what Nancy Siraisi calls ‘the relation of the particulars of experience to theoretical knowledge’” (313). Above all, adds Preston, the *consilium* became “distinctively narrative,” thereby allowing the patient to acquire individuality and identity rather than existing solely as a medical example. Mapping the signs and symptoms of a disease which remains mostly invisible to him –since he does not have access to his body’s internal organs– Montaigne writes in order to make his body legible. The interiority of the

⁹⁸ See Gianna Pomata, “Praxis Historialis: The Uses of Historia in Early Modern Medicine,” in *Historia: Empiricism and Erudition in Early Modern Europe*. Ed. Gianna Pomata and Nancy Siraisi, Cambridge, Mass: MIT Press; 2005, 105–46, esp. 122–36.

⁹⁹ Claire Preston, “Robert Boyle’s ‘Accidents of an Ague’ and its precursors” in *The Palgrave Handbook of Early Modern Literature and Science*. Ed. Howard Marchitello and Evelyn Tribble, London: Palgrave MacMillan, 2017, 311–335.

body is transcribed through language, it projects itself onto the page: where it can be studied, dissected, treated. It is not so much that writing about the body constitutes a therapeutic gesture –it is that the now legible body becomes a semiotical object of study: a hermeneutics of the body becomes accessible. The mind engages in operations of the mind on the body, while the body produces knowledge both on the mind and itself.

The episode of taking cassia on his arrival at the baths of La Villa is an excellent case study of Montaigne's project to occupy the position of passive patient (the legible textual body) and active doctor (the reader and interpreter of signs) at the same time:

Je pris à grande difficulté de la casse que mon hôte me présenta, non pas de la grâce de celui de Rome, et la pris de mes mains. Je dînai deux heures après et ne pus achever mon dîner; son opération me fit rendre ce que j'en avais pris, et me fit vomir encore depuis. J'en fis trois ou quatre selles avec grande douleur de ventre, à cause de sa ventuosité, qui me tourmenta près de vingt-quatre heures, et me suis promis de n'en prendre plus. (JV 270)

On Monday morning, May 8th, with great difficulty, I took some cassia which my landlord offered me, not with the grace of the man in Rome, and I took it with my own hands. I dined two hours later and could not finish my dinner; the operation of the cassia made me throw up what I

had taken, and vomit again later. I had three or four stools from it, with great pain in the belly because of the flatulence, which tormented me for almost twenty-four hours, and I have promised myself not to take any more of it. (TJ 1202)

From his double position of thinking body and suffering body, Montaigne takes note of the causal relationships that he experiences (cassia was too strong a treatment, as its “operation” resulted in pain and disruption,) all while incorporating it into a specific temporality (“not with the grace of the man in Rome” refers to the doctor of the Cardinal of Rambouillet, mentioned during his time in Rome [JV 191]). Keeping track of the effects of medication enables him to compare, analyze, draw conclusions and ultimately choose the most appropriate treatments.

This passage is particularly illuminating for two reasons: first, the recourse to doctors is not contradictory with Montaigne’s disdain for the profession when these doctors have a reputation likely to reflect their talent (like the Patriarch of Antioch or the doctor of the Cardinal of Rambouillet,) and, above all, when their involvement is limited to the prescription of remedies. As a skeptic, Montaigne wishes to be the only judge of his experience. He rejects any medical advice that seems in conflict with his own experience, but accepts remedies in order to try them out himself. For example, his insistence that the almond beverage administered by a doctor in Rome also contained cold seeds, despite the assurances

of his interlocutor, signals his unflinching independence of judgment and his proverbial doubt:

Il prit à trois fois, mais non tout de suite, certaine sorte de breuvage qui avait justement le gout et couleur de l'amandé: aussi lui disait son médecin, que ce n'était autre chose; toutefois il pense qu'il y avait des quatre semences froides.¹⁰⁰ (JV 191)

He took three times, but not in quick succession, a certain sort of drink that had precisely the taste and color of almond milk, and indeed his doctor told him that it was just that; however, he thinks there were some *quatre-semences-froides* in it. (TJ 1143)

Montaigne thus makes himself into a doctor: he reads medical works and uses their terminology, but more importantly he reads his body like a corpus: that is to say that he describes, analyzes and compares, substituting the *Journal* for the mnemonic system that is required in practices of self-knowledge and self-care.

The second element lies specifically in the importance of mnemonic processes: Montaigne's decision to never take cassia again after suffering so much

¹⁰⁰ The renowned anatomist Jacques Dubois, also known as Jacobus Sylvius, explains in his *Pharmacopée* [Pharmacopeia] that the main four cold seeds were cucumber, melon, pumpkin and squash, while the minor four cold ones were lettuce, chicory, curly endive and purslane. See Jacques Dubois, *De medicamentorum simplicium delectu, praeparationibus, mistionis modo*, Paris: 1542. Translated by André Caille as *La Pharmacopée, qui est la manière de bien choisir et préparer les simples et de bien faire les compositions*, Lyon: Louis Cloquemin, 1580.

(“me suis promis de n’en prendre plus,” JV 270 [promised myself not to take any more of it, TJ 1202]) highlights the *vade mecum* function of the journal, like his desire to jot down the dosage of a “mixture” that the good doctor of Antioch gave him, in case he loses the recipe (“afin que si je perdais son écrit, je le retrouve ici,” JV 214 [in order that, if I should lose his writing, I may find it here, TJ 1160]). Montaigne’s practice strongly resonates with the *hupomnêmata* of the Antiquity described by Michel Foucault in *L’Ecriture de Soi*:

Les *hupomnêmata*, au sens technique, pouvaient être des livres de compte, des registres publics, des carnets individuels servant d’aide-mémoire [...]. Ils constituaient une mémoire matérielle des choses lues, entendues ou pensées; ils les offraient ainsi comme un trésor accumulé à la relecture et à la méditation ultérieures.¹⁰¹

Hupomnêmata, in the technical sense, could be account books, public registers, or individual notebooks serving as memory aids [...]. They constituted a material record of things read, heard, or thought, thus offering them up as a kind of accumulated treasure for subsequent re-reading and meditation.

This is indeed the approach of the *Travel Journal*, which Montaigne would formalize in a famous phrase in Book III: “A faute de memoire naturelle j’en forge

¹⁰¹ Michel Foucault, “L’Ecriture de Soi,” In *Dits et écrits*, Vol. IV, 1983, 415-430, 415. My translation.

de papier” (*Essais* 1092) [For lack of a natural memory, I make one of paper (*Essays* 1021)]. This often-quoted phrase, however, takes on a slightly different meaning when quoted in full:

Et comme quelque nouveau symptome survient à mon mal, je l’escris.
D’où il advient qu’à cette heure, estant quasi passé par toute sorte
d’exemples, si quelque estonnement me menace, feuilletant ces petits
brevets descousus comme des feuilles Sybillines, je ne faux plus de
trouver où me consoler de quelque prognostique favorable en mon
experience passée. (*Essais* 1092)

And as some new symptom occurs in my disease, I write it down.
Whence it comes that at the present moment, when I have passed
through virtually every sort of experience, if some grave stroke
threatens me, by glancing through these little notes, disconnected like
the Sybil’s leaves, I never fail to find grounds for comfort in some
favorable prognostic from my past experience. (*Essays* 1021)

It is not out of fear of forgetting that Montaigne wishes to replace his “natural memory” with paper, it is in order to provide himself with a written record, keeping track of his different states of health, some of them more positive than others and offering perspectives of comfort. The “paper memory” allows him to *console* himself: because his recorded experience is readily available to be consulted as a

medical dossier, but also because he has the ability to read these sibylline leaves, or, in other words, to interpret signs and symptoms, to read his now-legible body and produce new knowledge on himself.

Although *hupomnêmata* means ‘sub-memory,’ they served a deeper purpose than mere recording.

Il ne faudrait pas envisager ces *hupomnêmata* comme un simple support de mémoire, qu’on pourrait consulter de temps à autre, si l’occasion s’en présentait. Ils ne sont pas destinés à se substituer au souvenir éventuellement défaillant, ils constituent plutôt un matériel et un cadre pour des exercices à effectuer fréquemment: lire, relire, méditer, s’entretenir avec soi-même et avec d’autres.¹⁰²

These *hupomnêmata* should not be regarded as a mere memory support, which might be consulted from time to time, if the opportunity presented itself. They are not meant to be substituted for a recollection that may fail. They constitute, rather, a material and a framework for frequent exercises: reading, rereading, meditating, conversing with oneself and others.

The mnemonic note easily lends itself to re-reading, to analysis. It provides a framework for organizing one’s thoughts, it fosters complex thinking. Here is one

¹⁰² Michel Foucault, “L’Ecriture de Soi,” 416. My translation.

example among many of this analytical process, at the baths of La Villa. It begins with recording the number of glasses of water Montaigne drinks in the morning:

Le mardi, neuf de mai 1581, *bon matin, avant le soleil levé*, j'allai boire *du surgeon même de notre fontaine chaude*. Et en bus sept verres tout de suite, qui tiennent trois livres et demie: *ils mesurent ainsi. Je crois que ce serait à douze, notre carton*. (JV 271, my emphases)

On Tuesday, May 9th, 1581, *early in the morning before sunrise*, I went to drink right *from the spout of our hot spring*, and drank several glasses right in a row, which hold three pounds and a half: *that is the way they measure. I think that would be about twelve glasses of our quart*. (TJ 1203, my emphases)

Details matter here: Montaigne devotes the very first part of his day to the waters (“avant le soleil levé” [before sunrise]), appropriating himself the hot spring by calling it “notre fontaine chaude” [our hot spring]. His notes on local measurements indicate that the document is meant to be read again later: Montaigne writes down the local measurements in order to compare them with other prescriptions in the same country; he converts them into the French system for future reference.

Montaigne then evaluates the physiological effects of the treatment during the day:

Pour ce jour elle ne me fit aucune opération, et fus cinq heures depuis boire jusques au dîner, et n'en rendis une seule goutte. (JV 272)

For that day it had no effect on me, and yet I was five hours from drinking it until dinner, and I did not pass a single drop of it. (TJ 1203)

After that, he studies the situation in a wider context by considering external advice (“aucuns disaient que j’en avais pris trop peu” JV 272 [some said I had taken too little, TJ 1203]), which he quickly opposes to the opinion that he has made from his own observations:

Moi je pense qu’elle me trouva si vide à cause de ma médecine, qu’elle trouva place à me servir d’aliment. (JV 271)

I myself think that it found me so empty because of my medicine that it found room to serve me for food. (TJ 1204)

The vocabulary from this note-taking indicates personal involvement. It can be based on the observation of his body:

Je rendis de l’eau blanche [...] et fis force sable. (JV 274)

I passed water that was clear [...] and voided a lot of gravel. (TJ 1205)

or on the precision of his senses:

Je ne me trouvais pas mal, mais gaillard [...] je sentais ce jour-là
quelques pesanteurs de reins (Journal 276-277)

I did not feel bad, but lively [...] that day I had some feelings of
heaviness in the kidneys (TJ 1207-1208)

Moreover, Montaigne constantly affirms and refines his medical opinion in the first person (“me, I think,” “I am of the opinion,” “I also believe”...). The process is both analytical and synthetic¹⁰³: Montaigne studies the situation based on his observations (cassia is a laxative, it disrupted him,) and synthesizes the experiment by proposing his own theories.

Moi, si je juge bien de ces eaux, elles ne sont ni pour nuire beaucoup,
ni pour servir: ce n’est que lâcheté et faiblesse, et est à craindre qu’elles
échauffent plus les reins qu’elles ne les purgent; et crois qu’il me faut
des eaux plus chaudes et apéritives. (JV 277)

For my part, if I judge rightly about these waters, they are not such as
to do either much harm or much good; there is nothing but mildness
and weakness in them, and it is to be feared that they warm up the

¹⁰³ In an analytical proposal, the predicate comes from the subject (and adds nothing new). In a synthetic proposal, the predicate adds to the subject (and generates additional meaning).

kidneys more than they purge them; and I think I need hotter and more aperient waters. (TJ 1205)

Setting His Own Rules

It is from these thought processes that Montaigne, the sole judge and guinea pig of his practices, sets his own rules and decides on the course of his treatments. He also follows his natural inclination rather than local recommendations, and consequently almost systematically distinguishes himself from his fellow therapy patients.

Indeed, from the beginning of the voyage, at Plombières, the secretary noted:

S'ils [les curistes] boivent, c'est un verre ou deux dans le bain. Ils trouvaient étrange la façon dont M. de Montaigne, qui, sans médecine précédente, en buvait neuf verres [...] tous les matins à sept heures. (JV 82)

If they [the therapy patients] drink, it is a glass or two in the bath. The people here considered Monsieur de Montaigne's practice strange, for without previous medicine he would drink nine glasses of the water [...] every morning at seven. (TJ 1063)

The same expression of personal taste happens at Baden, where it is recommended to bathe up to the loins but Montaigne stretches out in the water “jusques au col” (JV 99) [until the neck], or even at the baths of La Villa:

Le même jour, après dîner, je me baignai, contre les règles de cette contrée, où on dit que l’une opération empêche l’autre. (JV 276)

The same day, after dinner, I bathed, contrary to the rules of this region, where they say that one operation impedes the other. (TJ 1207)

At the baths of La Villa, where the rules are strict, Montaigne reflects on this demonstration of individuality by listing all that he does differently:

C’était bien aller contre la règle ordinaire que de prendre la douche dans le bain, puisque l’usage est de prendre séparément l’un après l’autre; puis de la prendre à ces eaux, tandis qu’on va communément aux douches de l’autre bain où on les prend à telle ou telle source [...] suivant l’ordonnance des médecins. (JV 292)

I did many things contrary to the common rule: taking a shower in the bath, for the custom is to do one separately, and then the other; taking a shower with this water, whereas there are few who do not go to the other bath for a shower, and take it from this tap or that [...] according to the doctors’ prescription. (TJ 1217)

I am only quoting about one third of the list, and this process of acknowledging his individuality repeats itself very frequently throughout the journal. It is not that Montaigne chooses not to heed local recommendations because they don't please him or seem too odd – it is that his judgment is firmly based on his personal experience: the lessons drawn from this experience, alongside his conscious decision to experiment on his own body, lead him to personalize and prioritize his health regimen over a more generalized approach. Taking care of himself leads him to identify and delineate all the ways in which he differs from other patients, and ultimately reinforces his belief that only he can be his own doctor. At the same time, Montaigne makes a point of adopting the customs of the countries or towns that he crosses, happily warming himself with German stoves instead of fireplaces, putting more or less water in his wine depending on local habits, even letting himself be taken for a knight in a charming misunderstanding so as not to hurt his host's feelings. There is nothing at stake in these cultural adjustments: it is, rather, a mark of politeness, respect and good education. The distinction between the extreme medical personalization of his treatments and the deliberate efforts to melt into the local crowd reveals a strong sense of selfhood and self-awareness. His secretary notes that he hates nothing more than to be identified as a foreigner, as a

person unable to conform to cultural customs or as a person evidently trying to act differently:

Le vice qu'il fuyait le plus [était] de se rendre remarquable par quelque façon ennemie du goût de ceux qui le voyaient; car, en tant que lui est, il se conforme et range aux modes du lieu où il se trouve. (JV 127-128)

The fault that he most avoided, that of making himself noticeable by some mannerism at variance with the taste of those who saw him; for as far as in him lies, he conforms and falls into line with the ways of the place where he happens to be. (TJ 1096-1097)

In fact, the best example of this joyful versatility might very well be the enthusiasm and application with which Montaigne undertakes the writing of his journal in Italian during most of his Italian trip, only returning to French when he crosses the border.

III. Care of the Self

This capacity to set his own rules, to ensure that they are adapted and contextualized – being his own doctor at the baths, yet giving in to cultural local

customs in town out of respect – reveals a specific consciousness of what Foucault referred to under the name “arts of existence:”

Ce sont des pratiques réfléchies et volontaires par lesquelles les hommes se fixent des règles de conduite, mais cherchent à se transformer eux-mêmes, à se modifier dans leur être singulier et à faire de leur vie une œuvre qui porte certaines valeurs esthétiques et réponde à certains critères de style.¹⁰⁴

These are deliberate and voluntary practices according to which men not only set themselves rules of conduct but also seek to transform themselves, to change themselves in their singular being, and to make their life into a work of art that carries certain aesthetic values and meets certain stylistic criteria.¹⁰⁵

These arts involve seizing one’s existence, understanding one’s singularity and being consistent with oneself. This posture points towards a logic of health that the Greeks knew under the name of *epimeleia heautou*, and the Latins as *cura sui*: care of the self. Michel Foucault developed this notion of concern of the self in *The History of Sexuality*, then substantiated it in “*L’Ecriture de Soi*,” because the care of the self is intimately linked to personal writing. It was finally in his lectures at

¹⁰⁴ Michel Foucault, *Histoire de la Sexualité. L’Usage des Plaisirs*, Volume 2, Paris: Gallimard, 1984, 16-17.

¹⁰⁵ Michel Foucault, *The History of Sexuality. The Use of Pleasure. Volume Two*. Trans. Robert Hurley. New York: Random House, 1985, 10-11.

the *Collège de France*, entitled *The Hermeneutics of the Subject*, that he retraced the archaeology of this self-obligation, this duty to consider oneself not only as an object of knowledge but also as a site for self-discipline and introspection [un lieu de travail]. The *epimeleia heautou*, he argues, was once a prescription more important than the now famous *gnôthi seauton* (“know thyself”) that Cartesian thought has privileged to the detriment of the former. To understand the *epimeleia heautou*, explains Foucault, it is necessary to keep at least three elements in mind: first, it is an attitude, towards oneself, towards others, towards the world; second, it involves “a certain form of attention, of looking [...], a certain way of attending to what we think and what takes place in our thought”; last, it is consubstantial with a certain number of actions, “actions exercised on the self by the self, by which one takes responsibility for oneself, through which one changes, purifies, transforms and transfigures oneself.”¹⁰⁶ Montaigne does not explicitly refer to the Greek term *epimeleia heautou*, but, an ardent reader of Epicurus and the Stoics, he was well aware of the logic of health inherited from the Ancients. The *epimeleia heautou*, Foucault reminds us, is a philosophy that seeks to care for the soul, but which, through its affinities with a certain *medical* practice of care for the soul (*therapeuein*), is also transferred to the care of the body. Marcus Aurelius took notes on his sleep, on honeyed water that he used as a sedative, on his physical

¹⁰⁶ Michel Foucault, *L'Herméneutique du Sujet: Cours au Collège de France (1981-1982)*. Paris: Gallimard, 2001, 12.

activities in the countryside. Seneca mentioned his shivers, his physical discomfort. In the *Travel Journal*, we can find this self-practice pushed to the limits by Montaigne. The mnemonic function, capital in the antique *epimeleia heautou* that encouraged examining one's consciousness, is easily transposed in the writing of the journal: the observations made from day to day enable him to evaluate progress, relapses, and the viability of the treatments tested. Additionally, the linearity of the *Travel Journal* offers the possibility of retrospection: by keeping a written trace of symptoms, of the wide range of care attempts deployed depending on the acuteness of the pain, of the conclusions made regarding their effectiveness, Montaigne composes a real medical dossier, which he can consult at his leisure. This chronology makes comparisons possible, allows the causes of improvements or relapses to emerge, and is employed like a *vade mecum* in response to memory lapses. Even if, as Montaigne notes with humor and exasperation that “C'est une sottise coutume de compter ce qu'on pisse” (JV 276) [It is a stupid habit to keep *count* of what you *piss* (TJ 1207)], the written traces enable him to carry out a work of reflection and comparison necessary to the establishment of a health regime.

In fact, experience itself dictates to him that nothing should be forgotten, as it could later be useful:

Comme je me suis autrefois repenti de n'avoir pas écrit plus particulièrement sur les autres bains, ce qui aurait pu me servir de règle et d'exemple pour tous ceux que j'aurais vus dans la suite, je veux cette fois m'étendre et me mettre au large sur cette matière. (JV 291)

Since at other times I have repented of not having written more in detail on the subject of the other baths, so that I could derive rules and examples for those I used later, this time I want to expatiate. (TJ 1217)

The journal, a privileged space and tool of care of the self, also takes into consideration the following: Montaigne knows that his disease is incurable and has the sole aim of easing the symptoms, spacing out the attacks, reducing the pain. When the latter occurs, he patiently endures it. He makes an event, through writing, of expelling kidney stones. Observing an improvement, he congratulates himself on his therapeutic choices, which only serve as reassurance about his decision to be his own doctor:

Elle [l'eau] fit un bon effet des deux côtés: ainsi je fus heureux de ne pas croire ces médecins qui ordonnent d'abandonner la boisson, lorsqu'elle ne réussit pas dès le premier jour. (JV 282-283)

It [the water] had a good effect in both directions; and so it was lucky that I did not believe those doctors who ordered me to give up drinking if it did not succeed on the first day. (TJ 1211)

IV. Pleasure as a Remedy

Observation and analysis play a primordial role in the logic of health deployed when faced with the disease, but there is another crucial element in Montaigne's therapy: pleasure. Indeed, each step of the voyage is accompanied with detailed notes on the towns and their infrastructure: were they pleasant, not too expensive, was the food good and the reception friendly? Expressing liking contributes to the well being of the traveling therapy patient. Abano, for example, close to Venice, is "fort sauvage; et [je] ne serais d'avis d'y envoyer mes amis" (JV 165) [this is all very primitive, and I would not be minded to send my friends there (TJ 1124)], but the rooms hired at the baths of La Villa are "attractive," with an outstanding view on the Lima River, and after comparison with other dwellings, Montaigne is very satisfied with his choice. Still at the baths of La Villa, Montaigne describes the form of the thermal baths and is enthusiastic about one novelty:

Un bain couvert, voûté et assez obscur, large comme la moitié de ma salle de Montaigne. Il y a aussi certain égout qu'ils nomment la *doccia*: ce sont des tuyaux par lesquels on reçoit l'eau chaude en diverses parties du corps et notamment à la tête, par des canaux qui descendent sur vous sans cesse et vous viennent battre la partie, l'échauffent, et puis l'eau se reçoit par un canal de bois, comme celui des buandières, le long duquel elle s'écoule. (JV 270)

A covered bath, vaulted and rather dark, half as wide as my dining room at Montaigne. There is also a certain dripping apparatus that they call *la doccia*: this consists of pipes by which you receive hot water on various parts of the body, and especially on the head, the water coming down on you in steady streams and warming the part of your body that they are beating down on; and then the water is received in a wooden trough, like that of washerwomen, along which it flows away. (TJ 1202)

This shower treatment, mentioned for the first time in a text by a French author, brings him great satisfaction: “Je prenais plus de plaisir à me baigner et à prendre la douche qu'à toute autre chose” (JV 294) [I found this bathing and showering pleasurable rather than otherwise (TJ 1219)]. The moving water is a source of joy: through the pain relief provided by the thermal baths, through the feeling of actively doing something about being subjected to an incurable disease. Montaigne revels in the ingeniousness of the machines and the inventions

discovered throughout Germany and Italy, the sophisticated fountains, the humorous water games that were then in fashion in the Renaissance gardens.

Montaigne's pleasure is also of a social variety: far away from his ivory tower, Montaigne takes pleasure in the novelties, surprises and stimulations provided by the voyage. At the baths of La Villa, he delights in organizing a ball and keeps himself occupied with the preparation for almost a week. The soirée is to his liking, he is enchanted by the dances of the young country girls, by a very ugly woman who could neither read nor write but who could create poetry "of extraordinary promptitude" (JV 288), by the tradition of distributing prizes to the most charming ladies. In Rome, he deeply enjoys all the Easter celebrations and deduces: "il n'y a rien plus hostile à ma santé que l'ennui et l'oisiveté" (JV 229) [There is nothing so hostile to my health as boredom and idleness (TJ 1172)]. The strangeness of the customs, the change of scenery, the intellectual stimulation of conversations and discoveries –all of this life outside books heightens the spirit of the patient. Even the secretary notes "le plaisir qu'il [Montaigne] prenait à visiter les pays inconnus, lequel il trouvait si doux que d'en oublier la faiblesse de son âge et de sa santé" (JV 153) [the pleasure he took in visiting unknown countries, which he found so sweet as to make him forget the weakness of his age and of his health (TJ 1115)]. It is possible that beyond the medical experiments and beneficial effects

of the thermal baths, what calms Montaigne's pain is first and foremost this free and happy roaming throughout Europe, where everyday a new experience presents itself, offering beauty or learning.¹⁰⁷

Quand au matin il venait à se souvenir qu'il avait à voir ou une ville ou une nouvelle contrée, il se levait avec désir et allégresse. Je ne le vis jamais moins las ni moins se plaignant de ses douleurs, ayant l'esprit, et par chemin et en logis, si tendu à ce qu'il rencontrait et recherchant toutes occasions d'entretenir les étrangers, que je crois que cela amusait son mal. (JV 153)

He would get up with desire and alacrity in the morning when he remembered that he had a new town or region to see. I never saw him less tired or complaining less of his pains; for his mind was so intent on what he encountered, both on the road and at his lodgings, and he was so eager on all occasions to talk to strangers, that I think this took his mind off his ailment. (TJ 1115)

¹⁰⁷ Anne Duprat underlines how Montaigne's *Travel Journal* resists to "les opérations idéologiques accomplies d'ordinaire par le récit de voyage: théorisation de la ressemblance et de la différence, extension ou généralisation normative à partir des faits et des coutumes, attribution de valeurs, esthétisation." [the ideological operations usually accomplished by the travel narrative: theorization of resemblance and difference, extension or normative generalization based on facts and customs, attribution of values, aesthetization] See "Corps étrangers dans le Journal de voyage de Montaigne," *Viatica*, n° 1: Le corps du Voyageur, <http://viatica.univ-bpclermont.fr/le-corps-du-voyageur/dossier/corps-%C3%A9trangers-dans-le-journal-de-voyage-de-montaigne-0>

The joy of traveling is an unrivaled medicine, and Montaigne only returns home because he has been called upon to perform his duties, having just been elected Mayor of Bordeaux.

“Each time the word *I* appears,” Hassan Melehy writes in *Writing Cogito*, “there is another aspect, another face of the subject. The *Essays* are, as a book on the subject, a subjective book: they say “I speak,” “I believe,” “I produce,” “I like,” more than “speech,” “belief,” “production,” “friendship.” The subject of the *Essays* is affirmatively partial – not exhaustive or dominant with respect to its objects.”¹⁰⁸ To conclude, I find it important to insist on the fact that when Montaigne says “I believe,” “I think,” or “I say” in the *Travel Journal*, the subject of these thought processes is, primarily, his own body: he is part and parcel of every observation, both object of study and subjective authority. Thus, the subject emerges not only as a thinking subject, but also as a feeling embodied subject. In the *Essays*, continues Melehy:

When Montaigne writes “I” –when he announces the engagement of a certain subjectivity– he is not aiming for a complete treatment of his objects, nor of his subjects. And his work, then, continually eludes the

¹⁰⁸ Hassan Melehy, *Writing Cogito: Montaigne, Descartes, and The Institution of the Modern Subject*. New York: State University of New York Press, 1997, 47.

status of completed work, or *oeuvre achevée*, and he himself that of the author who controls the production of the text.¹⁰⁹

By contrast, the *Travel Journal* can be read as an attempt to specifically control – not the production of the text, but the thought processes by which one can feel, observe, reflect, deduct, reason, doubt, or daydream, thereby producing new categories for thinking the body. If, as Melehy writes, “the inscriptions of Montaigne’s book are a disruption to the linear time that would be a prerequisite of autobiographical representation, and of the unitary subject that would take shape therein, that would be represented,” then what should we make of the *Travel Journal*? Following Melehy’s definition –which is perfectly aligned with Philippe Lejeune’s famous definition of the autobiographical pact¹¹⁰– one could easily argue that the *Travel Journal* possesses all the necessary qualities to be considered a work of autobiographical representation. Melehy’s argument, however, which heavily draws on Foucault and Derrida, is not to look for a unifying subject in the *Essays*, but on the contrary, to acknowledge and celebrate the Montaignian subject’s ability to produce difference (and *différance*) within the subject: “the “I” of the *Essays*

¹⁰⁹ Melehy, *Writing Cogito*, 48.

¹¹⁰ “A retrospective prose narrative written by a real person concerning his own existence, where the focus is his individual life, in particular the story of his own personality.” Translated by Katherine Leary in *On Autobiography*. Ed. Paul John Eakin, Minneapolis, University of Minnesota Press, 1989.

moves to multiplicity.”¹¹¹ Yet the *Travel Journal*’s “I” is surprisingly stable, surprisingly whole,¹¹² and aims to avoid self-contradiction. Apart from the various notes on *mirabilia* and cultural anecdotes, Montaigne is evidently looking to unify his thoughts on his body, to define the best health regimen as possible. Faced with acute illness and pain -the ultimate disruption- the textual body then attempts to reorganize and provide a new balance within this disruption. The care of the self, or *epimeleia heautou*, is fully at work in Montaigne’s *Travel Journal* – and more generally in his *Essays*. After being his own doctor for seventeen months, learning lessons from his own medical experiments and taking note of the health regime practices that best suit him, Montaigne used his journal to write his chapter *Of Experience*, published in 1588. Digested, regurgitated and reworked by Montaigne, the experiments and trial and error became the “health regime” that no doctor could write for him:

¹¹¹ Melehy, *Writing Cogito*, 48.

¹¹² Christine de Buzon writes: “Paradoxalement, ce Montaigne en mouvement donnant de lui une image continue, se fait paraître au travers de la variété des expériences, plus stable que dans l’image que procurent les *Essais*.” [Paradoxically, this ‘Montaigne in motion’, giving a uninterrupted image of himself, gives an account of himself that makes him appear, through a variety of experiments, as a much more stable figure than that of the *Essais*], See Christine de Buzon, “Le soin de soi dans le *Journal de Voyage* de Montaigne et l’Essai II, 37 (1580-1582,)” in *Le Corps et l’Esprit En Voyage: Le Voyage Thérapeutique*. Ed. Christine de Buzon and Odile Richard Pauchet, Paris: Classiques Garnier, 2012, 139-165.

Quant à la santé corporelle, personne ne peut fournir d'expérience plus utile que moy, qui la presente pure, nullement corrompue et alterée par art et par opination. (*Essais, De l'Expérience* 1079)

But as for bodily health, no one can furnish more useful experience than I, who present it pure, not at all corrupted or altered by art or theorizing. (*Essays, Of Experience*, 1007)

CHAPTER 2

TOUCHING AND CARING: EXPERIENTIAL KNOWLEDGE AND GENDERED PRACTICES IN LOUISE BOURGEOIS'S *OBSERVATIONS*

In her “Note to the Reader,” the royal midwife Louise Bourgeois insists on the fact that contrary to other publications on childbirth, her medical manual only relies on truth, experience, and a knowledge shared by all women:

Aussi ne lui ai-je donné pour tout fard que la *vérité*, pour raison que *l'expérience*, et pour témoin tout notre *sexe*, qui ressentant en soi-même ce que j'en écris ne démentira jamais ma plume. (I, Au Lecteur, my emphases)¹¹³

Therefore I have given it no ornament but *truth*, no reason but that of *experience*; no witness but that of all our *sex*, which knows in itself

¹¹³ Louise Bourgeois Boursier, *Observations diverses sur la stérilité, perte de fruits, fécondité, accouchements et maladies des femmes et enfants nouveau-nés* [Diverse Observations on Sterility; Loss of the Ovum after Fecundation, Fecundity and Childbirth; Diseases of Women and of Newborn Infants]. Paris: Melchior Mondière, 1626.

All references to Bourgeois in this chapter are to the 1626 final edition of her *Observations* published by Melchior Mondière in Paris and kept at the Bibliothèque Nationale de France. All English translations of Bourgeois in this chapter are by Stephanie O'Hara. I cannot thank Stephanie O'Hara and Alison Klairmont Lingo enough for letting me use their translation of Bourgeois's works before its publication. Their feedback, as well as that of Valerie Worth-Stylianou, Jacques Gélis and Kirk Read at the SIEFAR conference on early modern childbirth practices (Paris 2014) was invaluable.

what I write and which will never call my pen false.

This, she continues, allows her to “confidently cross the barriers of any apprehension and expose her work” to the critical eye of the public. This is a strong declaration, a statement of purpose which situates Bourgeois’s works as radically opposed to male-authored treatises, at a time when emerging male-midwives made every effort to legitimize their place in the birthing room. The fact is that these three words –*truth*, *experience*, and the female *sex*- could hardly be brandished by male-midwives: while they claimed to find truth in anatomical science, they embellished their writings with tales on exceptional pregnancies, monstrous births or unconventional surgical operations.¹¹⁴ In fact, they precisely lacked the experience of midwifery traditionally only afforded to women, and even more so the support of parturient mothers themselves, who associated their arrival with debauchery -because they refused to be touched by men- or with death and suffering, because they were terrified of the surgeons’ instruments in case of problematic births. And so, contrasting with the artifice of the surgeons’ writings and their exclusively externalized views of the body, Bourgeois positions herself as

¹¹⁴ For example, Ambroise Paré wrote on monstrous births (*Des monstres tant terrestres que marins avec leurs portraits*, in *Deux Livres de Chirurgie*, Paris: André Wechel, 1573); François Rousset advocated for the C-section (*Traité Nouveau de l’Hysterotomotokie, ou Enfantement Caesarien*. Paris: Denys Du Val, 1581); Jacques Duval discussed the birth of hermaphrodites and advocated for the C-section (*Des Hermaphrodits, Accouchemens Des Femmes, Et Traitement Qui Est Requis Pour Les Relever En Santé, & Bien Élever Leurs Enfants*. Rouen: David Geuffroy, 1612).

the only figure whose experiential knowledge of the internal workings of the body can be attested by women themselves. There is no doubt, as Jean Donnison has pointed out,¹¹⁵ that only a remarkable woman could manage to get her medical works published in the early seventeenth century.¹¹⁶ Yet how could she, an educated woman but an inferior medical practitioner, write a medical document that was both persuasive and pedagogical? What room was there for her amongst the dozen of medical texts published by male physicians and doctors? How could she ensure that her enemies would not simply crush her? What language was then available for a woman like her, and how could she create her own? Or, more generally, what was at stake when women endeavored to participate in scientific discourse on the female body? In this chapter, I take these questions as a point of departure in order to examine her *Observations* from a literary perspective and map out the different strategies by which the royal midwife attempted to establish her place in the medical world and promote the status of traditional midwives.

¹¹⁵ Jean Donnison, *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights*. New York: Schoken, 1977, 6.

¹¹⁶ Born into a wealthy family in the Faubourg Saint Germain in 1563, she took up midwifery as a profession after losing all her possessions in 1589. She obtained her license to legally practice as a midwife in 1598, working for poor women as well as noblewomen, until she was selected by Marie de' Medici herself to serve as her midwife during the delivery of the Dauphin in 1601. Bourgeois published the first volume of her *Observations* in 1609, after having delivered all of the royal children. The second volume, published in 1617, consisted in more case studies on childbirth practices as well as the autobiographical pieces *Comment J'Appris l'Art de Sage-Femme* [*How I Learned the Art of Midwifery*], *Récit Véritable de la Naissance de Messeigneurs et Dames les Enfants de France* [*True Account of the Birth of my Lords and Ladies the Children of France*] and *Instructions à ma Fille* [*Instructions to my daughter*]. The last volume, which focused on recipes and remedies, came out in 1626. Her book was translated into Latin, German, Dutch, and English and used until the 1700s.

I argue that her writing is the site of a highly complex negotiation between experiential practice and theoretical knowledge: while she possessed both, she had to put forth what differentiated her from surgeons (her experience of the body) and make light of what could threaten them (her theoretical and anatomical knowledge.) This balancing act takes the form of a rhetorical exercise in which the midwife finally manages to introduce diversity into the overwhelmingly male production of medical writing specifically in the name of both her experience and the lack of culture linked to her status. In fact, I consider how Bourgeois's medical manual manages to interfere with the men's medical discourse by *playing* on her inferior social and professional position. By reinserting popular language, observations founded on experience and the importance of touch, she subtly undoes the illusion maintained by the doctors' rhetoric: that of an obstetric medicine primarily aiming to categorize, organize and contain the female body. Indeed, physicians and surgeons could then write treatises reporting on the scientific categories that they were trying to put in place; these were part of a rational discourse on the body, a discourse of control exercised through the primacy of sight as well as anatomical science. This was both expected of them and authorized. Faced with this, Bourgeois had to adopt an *oblique* position: she was prohibited from theoretical and rational domains as well as anatomical discourses. Literary artifice, or more precisely the amplifying and pathetic rhetoric through which the

surgeons seduced and persuaded, was also not acceptable for a simple midwife. I contend that Bourgeois constructs a medical text that, while presenting itself as a popular and pedagogical treatise –and while aiming to provide easily accessed popular and pedagogical references- is also an endeavor in circumventing and subverting the rhetorical codes adopted by male authors. Thus, she develops a style that is neither threatening to surgeons nor pretentious for a woman of her standing, but which is nevertheless accessible, demanding, attentive and holistic. She chooses a narration that, going from case study to case study in an apparently disjointed manner, does not appear to be an organization of scientific knowledge on the female body. She translates scientific knowledge into a popular language, rich in metaphors from the rural or domestic worlds. Rather than dramatizing her presence, she depicts herself as a comforting figure, who accompanies women in their pain. And this is exactly what enables her to rise above the doctors. By treating obstetric science as the subject of an account, the midwife short-circuits the visual rhetoric of the doctors, highlighting empirical knowledge, touch and care. In the end, it is her apparent lack of eloquence and her subordinate position that protect her: how can she be blamed if she is merely a simple midwife? However, her narrative carries great changes: it recodes theoretical science into popular science to make it more accessible to women; it underlines the fact that only embodied subjectivity can consider the body without reducing it to schematic anatomical illustrations.

Ultimately, it gives women the capacity to feel and experience their childbirths as active subjects rather than objects.

Before analyzing several passages from Bourgeois's works, I turn to Rabelais and begin with a discussion of Gargantua's birth scene, because it offers one of the earliest examples, in the vernacular, of what can be called the *topos* of the ignorant midwife, which will become ubiquitous in early modern culture. Indeed, in its very attempt at being satirical, Gargantua's birth scene, published in 1534, highlights the then-common assumption that midwives were nothing but ignorant, incompetent, and possibly downright dangerous, while exalting the narrator's own medical training. As such, this passage also provides us with the possibility to observe a staging of gendered power relations in the field of obstetrics only a few decades before medical practitioners started to write their own treatises on childbirth in the vernacular.¹¹⁷ Although the text is not autobiographical per se, it is deeply imbued with Rabelais' training and experience as a physician, and reflects a critical view of midwives, shared and perpetuated by the vast majority of surgeons in their writings, which Bourgeois endeavored to fight by presenting herself in a positive light in her own manual.

¹¹⁷ For a detailed list of early modern medical treatises on childbirth, see Valerie Worth-Stylianou's seminal work: Worth Stylianou, Valerie. *Les traités d'obstétrique en langue française au seuil de la modernité: bibliographie critique des Divers travaux d'Euchaire Rösslín (1536) à l'Apologie de Louyse Bourgeois sage femme (1627)*. Genève: Librairie Droz, 2007.

I. Archeology of a Medical *Topos*: Ignorant Midwives in *Gargantua*

When Gargamelle feels the first pangs of childbirth, a flock of women runs to help her. Appearing out of nowhere, in the most disorganized fashion, the midwives begin to touch her, groping her below only to find filthy fecal matters they mistake for the child.

Elle commença à souspirer, lamenter et crier. Soubdain vindrent à tas saiges femmes de tous coustez. Et, la tastant par le bas, trouverent quelques pellauderies, assez de mauvais goust, et pensoient que ce feust l'enfant, mais c'estoit le fondement qui luy escappoit, à la mollification du droict intestine - lequel vous appelez le boyau cullier, par trop avoir mangé des tripes, comme avons declairé cy dessus.¹¹⁸

She began to sigh, lament, and cry out. Immediately there came up midwives in piles from all directions. And, feeling her from below, they found a few lumps of filthy matter with a rather bad taste, and they thought it was the child; but it was the fundament escaping her, from the loosening of the right intestine (which you call the bumgut)

¹¹⁸ François Rabelais, *Gargantua*, in *Oeuvres Complètes*. Ed. Mireille Huchon, Paris: Gallimard, 1994, 21-22.

from having eaten too many tripes, as we have declared herein above.¹¹⁹

Far from being “saige femmes” [“midwives”], which literally means “wise women,” the matrons quickly demonstrate their lack of common sense, anatomical knowledge and medical competence. In fact, there is no mistaking the opposition, in one single sentence ruptured by a brutal “mais” [“but”], between the stark ignorance of midwives who cannot tell the difference between anus and vagina, and the demonstration of the narrator’s medical authority. Through the emphasis on the verbs “tastant” [“feeling”], “trouverent” [“finding”] and “pensoient” [“thinking”], it is made clear that midwives touch instead of observing; they find but do not actively look for signs, they conjecture in lieu of rationally coming to conclusions. Because they are in contact with the female lower parts, midwives become metonymically associated with shame, filthiness, ugliness, and a limited knowledge that can only be passively acquired by experience. The narrator, as it happens, knows better: he can scientifically name the “droict intestine” [“right intestine”], which the reader¹²⁰ would only colloquially call the “boyau cullier.” Strengthening the hierarchical division of knowledge through a careful naming of body parts that

¹¹⁹ François Rabelais, *Gargantua*, in *The Complete Works of François Rabelais*. Trans. Donald M. Frame. Berkeley: University of California Press, 1991, 20. All translations of Rabelais are from this edition.

¹²⁰ “lequel vous appelez” [which you call], my emphasis.

will continue throughout the whole scene, he effortlessly proves that, unlike anatomists, midwives do not know anything at all about the body, including their own female body. The institutional and epistemological stakes of the politics of childbirth in the early modern period have been made clear in one short passage.

Rabelais goes on to describe the midwives' leader as a caricature of the early modern midwife: physically repulsive, debauched,¹²¹ she proves to be an incompetent person and an usurper. Her reputation in the area as a "grande médecine" is contradicted by the inappropriate treatment she administers Gargamelle, crippling her with pain, and turning her entire labor upside down. The "restringtif" given by the matron was a popular cure in the sixteenth-century, but Ambroise Paré¹²² and Laurent Joubert¹²³ only recommend it for treating cataracts and healing wounds. Not only does the matron's choice of an astringent mixture show that she is not medically trained, it also hinders the flow of bodily fluids in the pregnant woman's body. Her decision is shortsighted, ridiculous, and more importantly, it goes against the order of things: first, the pain induced by the drug is

¹²¹ According to Mireille Huchon in the Pléiade edition, 1080, note 7: "En Languedoc et en Dauphiné, dire d'une femme qu'elle est venue de Brisepaille, d'auprès de Saint-Genou... c'est désigner une vieille débauchée" [In the Languedoc and Dauphiné regions, to speak of a woman as coming from Brisepaille, near Saint-Genou... is to say that she is a debauched old woman] (my translation.)

¹²² Ambroise Paré, *Œuvres Complètes*, Chapter XXII, « Cure des cataractes par l'œuvre de main » (1585).

¹²³ See Laurent Joubert, *Traité des Arcbusades* (1574).

vastly superior to the pain of childbirth; second, it wreaks such havoc in the parturient's womb that the child ends up choosing an unnatural exit route, traveling up and coming out of his mother's ear.

Par cest inconvenient furent au dessus relaschez les cotyledons de la matrice, par lesquelz sursaulta l'enfant, et entra en la vene creuse, et, gravant par le diaphragme jusques au dessus des espauls (où ladicte vene se part en deux), print son chemin à gauche, et sortit par l'aureille senestre.¹²⁴

By this mishap were loosened the cotyledons of the matrix, through which the infant sprang up into the vena cava; and, climbing up by the diaphragm up above the shoulders, where the said vein divides in two, took the route to the left, and came out through the left ear.¹²⁵

As the incompetent midwife simply vanishes from the narrative, the narrator's medical terminology takes charge of the passage, thereby ensuring a smooth delivery. Of course, it is possible that Rabelais' goal in using obscure anatomical references and unpronounceable medical terms is, first and foremost, to confuse and entertain his readers. But this apparent mumbo-jumbo is grounded in a comprehensive understanding of the Ancients' teachings. As Roland Antonioli

¹²⁴ Rabelais, *Gargantua*, 21-22.

¹²⁵ Rabelais, *Gargantua*, Trans. Frame, 20.

points out,¹²⁶ Rabelais borrows the arcane term *cotyledons* from Aristotle, who describes them as “the so-called cotyledons with which the umbilical cord connects and is closely united.”¹²⁷ The remainder of Gargantua’s strange voyage in his mother’s body is inspired by Henri de Mondeville’s description of the vena cava in *La Chirurgie de Maistre Henri de Mondeville*, written between 1306 and 1320, and by a passage from Hippocrates on the jugular vein that Rabelais examined as a medical student in Montpellier. Although this passage does not conform to “the laws of physiology,” as Antonioli underlines, these depictions are broadly consistent, “for an uneducated audience, with those of anatomy.” In contrast with the matron’s administration of an astringent brew that turns her entire labor upside down, the narrator thus rationalizes the unnatural exit route taken by the baby. Contemporary readers would not have failed to be impressed and entertained by such a brilliant and hilarious display of knowledge.

This birth scene exemplifies the negative attitude towards midwives in the early modern period: it inherits a rich tradition of debasing the work of women associated with the lower body stratum and sets the tone for decades of midwife-bashing in the vernacular. Rabelais’ “horde vieille” is ignorant, thoughtless, untrustworthy and downright dangerous. She does not monitor the birth nor deliver

¹²⁶ Roland Antonioli, *Rabelais et la Médecine*. Genève: Droz, 1976, 168 (my translation.)

¹²⁷ Aristotle, *On the Generation of Animals*, II, 4, 745b.

the parturient of the afterbirth -- the two traditional tasks expected of her. In fact, Gargamelle's labor seems to happen on its own: the midwife is effaced from the narrative, and replaced by Rabelais' display of medical authority. Gargamelle herself quickly disappears from her own labor, as her body becomes the anatomical chart upon which the narrator draws the baby's uncanny voyage. Following the common belief that the fetus was an active agent in the passive vessel of the womb,¹²⁸ we now see the child engaging in a dynamic ascension through the venous system, deliberately choosing, at the crossroad, to turn left and exit through the ear. On the one hand, this highly visual representation of anatomy, reminiscent of cartography, borrows its grammatical imagery from great anatomists such as Mondinus, Sylvius, and Vesalius.¹²⁹ On the other hand, the agency of the fetus seems to demonstrate, once again, the uselessness of midwives and complete passivity of mothers.

While this episode is often read as a religious joke on the miraculous Nativity, "an exuberant parody of classical legends of the birth of heroes" in which

¹²⁸ Karen Newman explains that "even after it was established that birth took place by means of uterine movement, the belief in fetal autonomy persisted, modified such that now the fetus was said to stimulate the uterine activity leading to delivery." See *Fetal Positions. Individualism, Science, Visuality*, Stanford: Stanford University Press, 1996, 33.

¹²⁹ G. Desse writes: "S'il a commenté les maîtres de la médecine ancienne: Hippocrate et Galien, discuté Pline, Dioscoride et Théophraste, vitupéré contre les faux pontifes, son érudition n'est pas seulement livresque. Il donne créance à ses contemporains: Sylvius, Vésale, Fallope, Michel Servet." [If he has commented on the masters of ancient medicine: Hippocrates and Galen, discussed Pliny, Dioscorides, and Theophrastus, vituperated against false pontiffs, his erudition is not only bookish. He gives credence to his contemporaries: Sylvius, Vesalius, Fallopius, Michel Servet] See *Rabelais, Écrivain-Médecin*. Paris: Garance, 1959, 118.

“the narrator invokes Bacchus, Minerva, Adonis, and Castor and Pollux,”¹³⁰ it also indicates a decision to choose the higher part of the body over the lower one, the noble and gender-neutral ear rather than the shameful female reproductive organs. As such, it also demonstrates that medicine is strangely exempt from the process of general debasement Rabelais engages in throughout the rest of his oeuvre. More precisely, it is one very specific conception of medicine that is exempt from Rabelais’ critique – the one that falls in line with humanistic practices, that emphasizes deference towards the Ancients’ and respects the groundbreaking discoveries of anatomists.

As Mikhail Bakhtin famously writes, “carnival celebrates the destruction of the old and the birth of the new world – the new year, the new spring, the new kingdom.”¹³¹ The birth of Gargantua marks the advent of a new era, the arrival of a new prince: the world is turned upside down, starting with Gargantua himself, traveling up his mother’s body and coming out of her ear. Yet, this birth scene does not limit itself to celebrating the new prince according to the “logic of the ‘wrong side out’ and of ‘bottoms up’”¹³² identified by Bakhtin. It is complicated by the fact that exiting through the lower parts is simply not an option: the vagina, though

¹³⁰ Stephen Greenblatt, *Learning to Curse: Essays in Early Modern Culture*. New York: Routledge, 1990, 64.

¹³¹ Mikhail Bakhtin, *Rabelais and His World*. Cambridge, Mass: M.I.T. Press, 1968, 410.

¹³² “This logic of the “wrong side out” and of “bottoms up” is also expressed in gestures and other movements: to walk backward, to ride a horse facing its tail, to stand on one’s head, to show one’s backside.” See Bakhtin, *Rabelais*, 411.

shameful, is too obvious to serve a comical purpose; the “fundament” is monitored and blocked by the incompetent midwives. Rabelais’s solution is doubly satisfactory: springing out of an ear permits a religious joke, but more importantly, the narrator can indulge in a display of anatomical knowledge which, while reinforcing the comical effect through the use of unusual terms such as “cotyledons,” “veine creuse” and “diaphragme,” celebrates the discoveries of the scientific new world, and firmly establishes his superior position in the medical hierarchy. Rabelais stops at nothing to negotiate the politics of childbirth in his favor: the irreverent and gleeful narrator who laughs in the face of religion will not lose ground to midwives – the baby will come in a fireworks of anatomical terms. Nevertheless, the complicated politics of childbirth slightly derails the Bakhtinian theory on the carnivalesque: in this particular case, the social hierarchy of everyday life not only remains in place but is fortified by the contrasts between ignorance and knowledge, between scatological and medical representations of the body. One can mock the church, one can play with scientific notions, but no one can question the supremacy of physicians over midwives.

While Rabelais offers a narrative centered on the comical debasement of midwives, he also rhetorically strengthens his celebration of science through an amplification and consequent proliferation of medical references. The tradition of

rhetorical *dilatatio*, Patricia Parker writes in *Literary Fat Ladies*, “with its references to the ‘swelling’ style or its application to the verbal ‘interlarding’ produced through an excessive application of the principle of ‘increase’ - provides its own links between fat bodies and discoursing ‘at large,’ between the size of a discourse and the question of body size.”¹³³ But it is not Gargamelle’s gigantic pregnant body that is profusely described here as much as Gargamelle’s anatomical composition, and Gargamelle’s speech is confiscated by the narrator as soon as she enters labor. Ultimately, the excess of scientific terms effaces the bodily experience of the mother. There is no materiality here, only an anatomical chart of what the female body is thought to be. Consequently, if there is no mother, then there is no afterbirth, no blood, no materiality of the event, no midwives. The rhetoric of excess moves from an excess of flesh, tripes and prolonged gestation (the mother in the preceding chapters is characterized by her extraordinary body, diet and eleven-month-long pregnancy) to an excess of scientific terms, thereby shifting from the material to the intellectual, from Gargamelle’s body to an authoritative scientific discourse on Gargamelle’s body.

Published in 1534, *Gargantua* dramatizes the power relations over the control of women’s unruly bodies only two years before the first treatise on childbirth, a translation of Eucharius Rösslin’s *Der Rosengarten*, appeared in the

¹³³ Patricia Parker, *Literary Fat Ladies: Rhetoric, Gender, Property*. London: Methuen, 1987, 14.

French vernacular. According to Alison Klairmont Lingo, “over the next hundred years, some twenty-two printed texts (eight translations and fourteen originals) were made available in French to a wider audience than ever before, on subjects including fertility, sterility, and infant care.”¹³⁴ This proliferation in print indicates an interest in women’s healthcare that is directly linked to the fact that surgeons were actively trying to replace midwives in the birthing room, but also to establish and control a brand new discourse on the art of midwifery. Indeed, among these twenty-two printed texts, only one was actually written by a woman, the royal midwife Louise Bourgeois.

II. Louise Bourgeois’s Medical Writings: Empiricism, Care and Popular Language

I will first consider Bourgeois’s complicated relationship with language. Then I will discuss the three strategies adopted by Bourgeois to distance all literariness: first, the choice of a medical literature genre founded on empiricism; second, the importance given to touch and hands rather than just sight in specific

¹³⁴ Alison Klairmont Lingo, “Print’s Role in the Politics of Women’s Health Care in Early Modern France.” *Culture and Identity In Early Modern Europe (1500-1800): Essays In Honor of Natalie Zemon Davis*. Ed. Barbara Diefendorf and Carla Hesse, Ann Arbor: U of Michigan Press, 1993, 203-221, 203.

case studies; third, the will to express herself in popular and pragmatic language, accessible to all. All of these strategies, I believe, allow Bourgeois to short-circuit the doctors' representation of the female body as a disembodied, purely visual and rationalized site of knowledge, and suggest an alternate, experiential, holistic approach to pregnant bodies.

Practice vs Language

In the note "To the Reader" in her medical treatise, the royal midwife emphasizes her distrust of appearances and those who write out of vanity:

Amy lecteur, cet enfant de mon esprit, créature des mérites de la plus grande Royne que le ciel ait fait naistre, *ne s'estale point à tes yeux* pour se faire admirer en la vanité de son langage, comme font plusieurs de ce temps. (I, xiii, my emphasis)¹³⁵

Good reader, this child of my mind, this creature of the merits of the greatest Queen that Heaven has sent, *does not display itself to you* in order to be admired for the vanity of its language, as others are wont to do.

¹³⁵ Louise Bourgeois Boursier, *Observations diverses*. All references to Bourgeois in this chapter will be to this text.

Unlike the writings that she judges to be more concerned with style and flattery than the truth, Bourgeois wishes to present a work whose plethora of details and explanations are of practical use to women¹³⁶. If her work “does not display itself” [ne s’estale point], it is partially because it claims to privilege pedagogy over pedantry, and also because her discourse is formulated like the practice governing it –considering the body from the perspective of an embodied subjectivity, not just visually and externally. Two crucial elements articulate this distrust vis-à-vis language: its political and courtly use at the beginning of the seventeenth century, and the suspicion that language can upstage reality. In one case, language flatters the intellect rather than imparting knowledge and, in another, it displays itself rather than the very subject it claims to serve. Added to this is the fact that language tends to determine what it describes through a uniquely visual prism: in early modern medical texts, language must *show*. In this seemingly utilitarian logic, she denounces the rhetorical detours of the authors of her time, who excite and stimulate the readers’ pleasure rather than their intellectual and moral elevation. However, this same sentence, in its mythological reference and style, already seems to detach itself from the purely pragmatic discourse to which she says she aspires.

¹³⁶ We find several references to her pedagogical will to make her knowledge understandable and directly applicable. For example: “J’escris la recepte des tablettes & celle de l’eau, afin que les femmes qui sont sujettes à mal accoucher par une trop grande quantité d’eaux [...] reconnoissent que c’est un grand tesmoignage, qu’ils ne sont gros que d’eaux & mauvaises humeurs.” [I will now provide the prescription for these lozenges and for the water. I have written the formula down so that women in the following situations may realize that this case is important evidence that their newborns are swollen with water and bad humors] (II, 54-55).

Is Bourgeois's position vis-à-vis language then truly sincere? In any case, it is a clear stab at the practices of the doctors and surgeons of her time. Although they indulge themselves in the poetic use of medical language, using sophisticated discourses, enhancing their texts with dramatic effects,¹³⁷ and engaging in courtly practices, Bourgeois seems to content herself with essentially popular, realistic, unembellished language. But although her language may not correspond with the literary canons of her time, this does not mean that it is completely devoid of rhetorical effects.

The note to the reader actually goes on to insist on the truth of the discourse and the authenticity of the midwife's project. "Language" is suspicious: it is described as a "labyrinthe de paroles" [labyrinth of words] and is subjected to virulent attacks, because it belongs to the domain of art –the art of eloquence, the art of pleasing, the art of constructing texts that are above all artifices. Bourgeois continuously declares that she has detached herself from the desire to produce aesthetic pleasure: she opposes truth and embellishment, and justifies the publication of her book by arguing that it is first and foremost a written account of her personal experience. The anxiety of legitimizing her words is palpable, and echoes the apostrophe that opens the book:

¹³⁷ I develop this point in the fourth chapter, "Midwives and Spin Doctors: The Rhetoric of Authority in Early Modern French Treatises on Childbirth."

AU MESDISANT

Envieux si tu as l'audace
De t'attaquer a mes escrits
Fay moy paraistre en quelle place
Tu as mieux fait que je ne dis
Ma pratique n'est un langage
Ce sont veritables effects. (I, i)

TO THE SLANDERER

Jealous one, if you dare
To attack my writings,
Show me where
You have done better than I say I have done.
My work is not just words;
It illustrates true results.

Here, everything indicates that the midwife is seeking to protect herself from envious attacks and slander, but the aggressive tone reveals Bourgeois's intention to also cast aspersions on those who pretend to be at the service of women. Bourgeois explicitly opposes her "pratique" [practice, work] to "langage" [words]: language constructs illusions and satisfies vanity with futile pleasure¹³⁸; while practice and work produce concrete results. More specifically, practice offers an understanding of the body that theory cannot: the midwives, who are authorized to

¹³⁸ See Corey McEleney. *Futile Pleasures: Early Modern Literature and the Limits of Utility*. New York: Fordham University Press, 2017.

enter into the “œuvre intérieure” [the intimate nature of a midwife’s work], then possess additional knowledge about the female body.

Lesdites fautes estant le plus souvent inconnues aux plus doctes médecins et chirurgiens, *parce que l’œuvre est intérieure*, la curation de laquelle se doit faire selon qu’il est possible. (I, A la Reyne, my emphasis)

These mistakes are most often unknown to very learned doctors and surgeons, *because of the intimate nature of a midwife’s work*, the care of which must be done according to what is possible. (I, To the Queen)

Bourgeois is emboldened to say here that doctors and surgeons should recognize that they have a lot to learn from the experience of midwives. Their knowledge, she states, depends on the midwives’ expertise and reports.

Et qu’ordinairement la vergogne de notre sexe ne peut permettre qu’ils en aient la connaissance que par rapport de celle qui opère, n’en faisant pas toujours rapport véritable, quelquefois par ignorance, et d’austres fois honte de vouloir confesser sa faute. (I, A la Reyne)

Ordinarily, the modesty of our sex cannot permit doctors and surgeons acquire this intimate knowledge except via the midwife's report, which is not always true, sometimes through ignorance and sometimes through the shame of confessing a mistake. (I, To the Queen)

If these reports are bad, it is because the midwives are lacking in education, or because they are ashamed to admit their mistakes. This shame, suggests Bourgeois, can be attributed to the doctors and surgeons themselves, as they are quick to blame midwives for the smallest complication.

At this point, we are at the heart of the complex quarrel that opposes midwives and doctors. The diatribe against the writing of artifice clearly targets the medical treatises written by physicians and male-midwives –whose access to women’s bodies was limited by morality. A correlation between discourse and materiality takes form: on the one hand, the practice of the external body by doctors can only be expressed in visible and eye-catching writing, a writing seeking to compensate for its lack of knowledge through aesthetic effects; on the other hand, only simple writing, without embellishment, can demonstrate physical interiority. The paratext of the *Observations* is thus loaded with numerous tensions: rivalry between male and female obstetricians, distrust vis-à-vis language, protection against slander, distinction between the visual world and the interior world. Much attention has been given to these questions over the past thirty years –especially to the first one- but the scholarship on Bourgeois’s book has been mostly concerned with historical and cultural readings of her works. Scholars have been turning to her, as the first French woman to write a medical treatise, in the hope of tracing the

genealogy of obstetrics and elucidating power relations between midwives and emerging male-midwives. In doing so, they have overlooked the fact that Bourgeois's book is, firstly, a rhetorical construct as well as a medical text, and secondly, that an important segment of that book is composed of an autobiographical narrative, perhaps also the first memoirs written by a Frenchwoman¹³⁹. That is to say that Bourgeois is not solely a medical practitioner, but also the subject of her own writings, thereby creating herself as both author and practitioner. Now, as I have outlined, Bourgeois's relationship with language is overtly complicated: in fact, she insists on her distrust of language to the point that it becomes highly suspicious.

A Medical Genre Showcasing Experience: "Observations"

It suffices to compare the title of Bourgeois's medical manual and those of contemporary treatises of male obstetricians to understand the gap dividing them. Following a narrative thread from preconception to birth, her *Observations diverses sur la stérilité, perte de fruits, fécondité, accouchements et maladies des femmes et enfants nouveau-nés* are composed of case studies drawn from her personal

¹³⁹ Marguerite de Valois's memoirs, usually considered the first written by a Frenchwoman, were published posthumously in Paris in 1628. See Eliane Viennot's very detailed introduction to Marguerite de Valois, *Mémoires & Discours*. Saint-Etienne: Publications de l'Université de Saint-Etienne, 2004.

experience, in which the importance of practice seems to override theoretical knowledge. Bourgeois's *Observations* are part of the tradition of casebooks, distinct from treatises, which privilege examples, specific cases, and which, strengthened by their empirical foundation, welcome a plurality of situations without seeking to normalize the body. Thus, of all the obstetrics practitioners, Louise Bourgeois is the only one to publish her writings as *observations*: a medical writing genre, states Joël Coste, that emerged with case studies in Italy. These were formalized by the compilation of Galen's stories by Symphorien Champier in 1532 in France which, under the name of "histoires," "curations" and lastly "observations," was particularly in vogue at the end of the Renaissance. Coste explains: "The quality and success of François Vallériole's *Observationum medicinalis*... (first edition 1573) and of Van Foreest's *Observationum et curationum medicinalium*... (first edition 1587) – two authors who explicitly inscribed their work in the tradition of the Hippocratic *Epidemics* – probably account for this extremely important evolution of semantic usage." This can also be explained by the interest at the time in the specific, the remarkable, and even in "the revival of empiricism, or more broadly in an epistemological evolution giving more importance to the senses and observation in knowledge."¹⁴⁰ This is also what Lorraine Daston and Elizabeth Lunbeck explain in *Histories of Scientific*

¹⁴⁰ See Joël Coste, "La médecine pratique et ses genres littéraires en France à l'époque moderne," <http://www.bium.univ-paris5.fr/histmed/medica/medpratique.htm>

Observation: “the collection of notable cases, drawn both from their own practices and from the medical literature stretching back to Antiquity, published by medical men in the late sixteenth and early seventeenth centuries, transformed *observationes*, a word that was increasingly featured in learned book titles, into a category of ‘learned experience,’ with its own standards and conventions.”¹⁴¹ Thus, by the end of the seventeenth century, the terms “observations” and “experiment” were conjoined, both designating recourse to experience as opposed to rationalist systems. For Bourgeois, her *Observations* is then a multisensory manual based on experience, considering the uniqueness of each case, its evolution in time and the relief of symptoms. This approach also demonstrates individualized care treatment. “Observations” as a genre are not exclusively concerned with the visual, but also, and firstly, with the tactile, the olfactive, the gustatory.

In contrast, the titles of works written by surgeons-obstetricians reflect a will for standardization, even a rationalizing program: a pedagogical ambition for good practices for Jacques Duval:

*Des hermaphrodits, accouchemens des femmes, et traitement qui est requis pour les relever en santé, & bien élever leurs enfans.*¹⁴²

¹⁴¹ Lorraine Daston and Elizabeth Lunbeck. *Histories of Scientific Observation*. Chicago: University of Chicago Press, 2011, 12-13.

¹⁴² *Des hermaphrodits, accouchemens des femmes, et traitement qui est requis pour les relever en santé, & bien élever leurs enfans. Où sont expliquez la figure des laboureur, & verger du genre*

On Hermaphrodites, childbirth, and the treatment that is required to return women to health and to raise their children.

a desire for sovereignty over women's bodies for Jacques Guillemeau:

*De l'heureux accouchement des femmes, où il est traité du gouvernement de leur grossesse, de leur travail naturel et contre nature; du traitement es tant accouchées et de leurs maladies.*¹⁴³

The happy delivery of women, where it is treated of the government of their pregnancy, their natural and non-natural labor; the treatment of their childbirth and their maladies.

and reasoned scientific treatises and anatomical charts for François Mauriceau:

Traité des maladies des femmes grosses: et de celles qui sont nouvellement accouchées... le tout accompagné de plusieurs belles figures en taille douce, nouvellement & fort correctement gravées.

humain, signes de pucelage, defloration, conception, & la belle industrie dont use nature en la promotion du concept & plante prolifique, Rouen: David Geuffroy, 1612.

¹⁴³ *De l'heureux accouchement des femmes, où il est traité du gouvernement de leur grossesse, de leur travail naturel et contre nature; du traitement es tant accouchées et de leurs maladies*, Paris: Nicolas Buon, 1609.

*Ouvrage très utile aux chirurgiens, & nécessaire à toutes les sages-femmes pour apprendre à bien pratiquer l'art des accouchemens.*¹⁴⁴

Treatise on the maladies of pregnant women: and those newly delivered... With several beautiful figures, new and well-executed engravings. A book very useful to surgeons, and necessary to all midwives to learn how to practice the art of midwifery.

Founded on the midwives' empirical knowledge, and on the surgeons-obstetricians' theoretical, scientific and political organization of knowledge, this gendered construction of obstetrics especially reflects the most problematic element in the establishment of obstetrics as a scientific field: touch. The main characteristic of the epistemological turn experienced by obstetrics in the seventeenth century then resides perhaps less in the multiplication of masculine figures and their relationships of domination with the midwives, than in the monopolization of the midwives' major tool of knowledge: auscultation. Auscultation gave midwives direct access to the female body, authorized morally by their sex and professionally by their status as subordinate practitioners. Bourgeois's manual is also unique in the sense that it bears testimony to this specifically feminine practice, at a time when it was about to be claimed, reformulated and rewritten as a masculine

¹⁴⁴ *Traité des maladies des femmes grosses: et de celles qui sont nouvellement accouchées... le tout accompagné de plusieurs belles figures en taille douce, nouvellement & fort correctement gravées. Ouvrage très utile aux chirurgiens, & nécessaire à toutes les sages-femmes pour apprendre à bien pratiquer l'art des accouchemens*, Paris: Jean Hénault, 1668.

practice by the surgeons –to become the very foundation of general and obstetric medicine in the following century.

All That Touch Permits

From the beginning of Book I, Bourgeois presents the conditions and complications of touch:

Les femmes se peuvent toucher sans leur faire mal, mais il faut qu'elles
soient bien assurées de la discrétion & expérience de celle qui touche.
(I, 32)

Women can have themselves examined without harm resulting from it,
but they must be well assured of the discretion and experience of the
woman who examines them.

As it is synonymous with vaginal auscultation, touch represents a violation of Christian decency. Out of shame and ignorance about its necessity, women distance themselves from it. Bourgeois reports the words of one pregnant woman:

L'une dit : "Je n'aime point les sages-femmes qui touchent, je veux changer la mienne pour cela" ; l'autre mesprise quelque autre que l'on dit en faire de mesme. Je desirerais qu'elles sussent le préjudice qu'elle se font. (II, 31)

One young woman will say, "I cannot stand midwives who touch me; mine did, and so I want to find a different midwife," and another young woman will speak ill of another midwife said to do the same thing. I wish they only knew the harm they do themselves.

As fundamental as touch is to the midwives, it is associated with the anxiety of being accused of putting the pregnancy in danger:

Je lui conseille qu'elle la touche peu avant que les eaux soient percées, d'autant que si par malheur elles se perçoient cependant qu'elle y a la main, l'on l'accuseroit d'avoir fait accoucher la femme. (I, 75)

I also advise the midwife to examine the woman a little¹⁴⁵ before the water breaks, because if by misfortune it breaks while she is touching the woman, she will be accused of having induced labor.

¹⁴⁵ There is ambiguity in this passage and it is difficult to differentiate whether Bourgeois is addressing the question of temporality or frequency. This could be translated as "a little before the water breaks" (as Stephanie O'Hara chose to translate) as well as "to examine her infrequently."

Thus, Bourgeois warns against the invasive character of the procedure and its interpretations. Firstly, touch is poorly accepted by women. Secondly, it can provoke miscarriages or injuries. Lastly, although it may help to carry out a diagnosis, it cannot explain everything. For example, she underlines that it is impossible to detect pregnancy with this method in the first two months, and several criteria must be considered (the “purgations,” the appearance of the “tétens”) to rule out all other possibilities. Bourgeois always gives what is today called a ‘differential diagnosis,’ noting symptoms to methodically exclude diseases possessing similar symptoms. This approach of auscultation and analysis is completed by listening to women: “il faut interroger la femme de son changement de naturel, afin de discerner la grossesse d’avec la rétention” (I, 33) [It is necessary to ask the woman about any changes in her usual constitution in order to distinguish pregnancy from retention]. Wendy Perkins notes that in most of the *Observations*, Bourgeois founds her judgment as much on what the parturient or third person tells her as on her own observations.¹⁴⁶ Unlike the practice of doctors, which often consisted in giving a diagnosis from a letter describing the symptoms, Bourgeois relies on both the account of pain and physical inspection. She never restricts herself to giving advice from an account, and instead goes to see, hear and

¹⁴⁶ Wendy Perkins, *Midwifery and Medicine in Early Modern France: Louise Bourgeois*. Exeter: University of Exeter Press, 1996, 84.

touch. This also implies that rather than focusing on a list of symptoms, she puts her interactions with her patients at the heart of her practice.

Chapter XXXIX, entitled “D’une femme de qui l’on croyait l’enfant mort depuis sept mois, jusqu’à neuf, sans qu’il remuât aucunement” [Of a woman whose child was thought to be dead from the seventh month to the ninth month of pregnancy, since she did not feel it move during that time] marks the superiority of touch over book-based knowledge. As the mother had not felt her child move after experiencing colic, Louise Bourgeois makes surgeons come to examine her according to current scientific criteria:

Tous les signes que les Anciens ont remarqués pour cognoistre si un enfant est mort estoient en cette femme-là: la bouche si mauvaise [...], les excréments qui sortoient d’elle si extrêmement puants [...]; elle avoit l’œil terny, le ventre infiniment froid, & quand elle se tournait d’un costé, tout le ventre se tournoit comme une grosse masse. (I, 188-189)

For all the signs that the Ancients have noted in order to recognize if a child is dead were present in this woman. Her breath was so bad [...]; her bowel movements were so malodorous [...]. Her eyes were dull and her belly was very cold. When she turned on one side, her whole belly turned as one thick mass.

Two months later, as the young woman is at her due date, Louise Bourgeois proceeds to touch her and finds:

L'orifice de la matrice, qui avait paru à nous tous ne se pouvoir jamais dilater, dilaté de la largeur de la paume de la main (I, 189-190)

The orifice of the womb, which had seemed to all of us as if it would never dilate, was now dilated to the size of the palm of a hand.

The birth of a baby girl in good health then leads Bourgeois to question the validity of the signs of the Ancients, which showed themselves to be less pertinent than what she had learnt from the body's auscultation.

For Bourgeois, on several other occasions, touch is a reliable sign. In response to those who doubt the skills of midwives, she announces:

Je les accompagneray à l'hostel-Dieu, où il y a nombre de femmes grosses, & accompagnés du Medecin dudit Hostel-Dieu, je leur leveray le doute, leur faisant toucher et recognoistre la vérité, afin d'assoupir cette surprise que l'on pense faire sur les sages-femmes. (I, 211)

I will accompany them to the Hôtel-Dieu, where there are a number of pregnant women. Accompanied by a physician of the said Hôtel-Dieu, I will clear away their doubt by having them touch and recognize the truth, in order to do away with this fallacy blamed on midwives.

The ambiguity of the expression “toucher et recognoistre la vérité” is notable: although she ordinarily uses the term *touch* intransitively to talk about the inspection of the womb, the coordinating conjunction here gives the expression a double meaning –it involves touching (auscultating) as well as touching the truth, that is, in both cases, to *know*. The requested presence of the “medecin dudit Hostel-Dieu” acts as a scientific endorsement and consolidates the words of the simple midwife, as everything implies that the physician will agree with her. Furthermore, these last two passages perfectly express the complexity of relationships between the different strata of the medical body at the time: contrary to popular belief, the midwife is on good terms with doctors. She consults them for security about a delicate affair, she also uses their prestige to overcome her lack of recognition.

For Louise Bourgeois, touch then includes another conception of the body than that of male obstetricians: sight only intervenes after the child’s birth, while touch follows the progress of the pregnancy during dilation and monitors the birth. It is the term indicating the pregnancy:

Il y a une infinité de femmes des champs, à qui la sage-femme ne touche nullement, et ne savent si une femme accouche, si elles ne voient paraître l’enfant. (II, 32)

There are a large number of peasant women whom midwives do not touch, and they do not know if a woman has delivered until they see the child appear.

Whether it involves making a diagnosis, signaling the child's arrival or following the smooth progress of the birth, Bourgeois here demonstrates the vital function of touch in the work of an obstetrician.

Touch, in its broadest sense, also brings up the question of pain and its management by the midwife. Thus, care of the self is highlighted in the *Observations*, through recipes for ointments and balms. For example, Bourgeois provides recipes against cramps (I, 63) and sciatica (I, 64), both treated by massage. Chapter X, *Pour la situation de la femme en travail* [For the situation of the woman at work] and Chapter XI, “*Le moyen d’ôter la colique à une femme qui est en travail, l’ayant discernée, et faciliter l’accouchement*” [How to stop colic in a laboring woman, after determining that it is colic, and how to ease her delivery], include ten or so references to pain through the terms “ce mal si extreme” [this extreme pain], “souffrent” [suffer], “mal insupportable” [unbearable pain], “mal de reins extreme” [extreme lower back pain], “tourmentent” [torment], “la douleur du travail” [labor pain] and the repetition of the word “douleur” [pain] (I, 97-101). Indications are then given to find a position or to take a remedy. This

acknowledgement of pain is exceptional in the *corpus* of medical treatises of the time, where it is largely mentioned as a symptom. This is testament to an understanding of the body through the body, both because Louise Bourgeois was exposed multiple times to women's pain, and because she had experienced it herself as a parturient. In contrast, Lianne McTavish points out that male-midwives often mention their own pain when delivering a child, insisting on their fatigue, sweat, physical difficulties.¹⁴⁷ In particular, Guillaume Mauquest de la Motte declared that he had suffered so much on one occasion that he had to lie down in front of the fire –like a woman who had just given birth recovering from the pain.¹⁴⁸ Although McTavish can find some empathy in these accounts, we can nevertheless observe that these male-midwives deliberately shifted the attention from the women's bodies to their own. Bourgeois, by contrast, seems entirely devoted to the well being of her patients, as she reiterates their pain and suggests recipes for each particular case. The pain of giving birth, inscribed in the Biblical injunction, cannot be avoided, but Bourgeois soothes it with remedies that, whether efficient or not, also served as *placebos*. These were part of a broader care environment (fire in the fireplace, woman in bed, calm room, help if the woman wants to get up, post-birth broth) which was insisted upon by the midwife.

¹⁴⁷ Lianne McTavish, *Childbirth and the Display of Authority in Early Modern France*. Burlington, VT: Ashgate, 2005, 159.

¹⁴⁸ Guillaume Mauquest de la Motte, *Traité complet des accouchemens: naturels, non naturels, et contre nature, expliqué dans un grand nombre d'observations & de réflexions sur l'art d'accoucher*, Paris: Laurent d'Houry, 1721, 381.

The importance of touch for Bourgeois also points to a recognition of the real body: a body that bleeds, that passes wind, produces excretions, suffers and endures the test of time, pregnancies and complications. Unlike the doctors and surgeons' treatises, which illustrated the female body and fetus in simplified anatomical charts¹⁴⁹ or described them by employing technical and disembodied vocabulary, women's and children's bodies in Bourgeois's book are to be seen, to be smelt and touched, as close to reality as possible. Examples of popular wisdom abound, such as applying fresh butter when massaging the stomach of constipated children, or even treating women suffering from colic "un boyau de loup et d'en faire une ceinture que l'on mettra tout à un sur la peau" [Take the intestine of a wolf and make a belt of it, applied directly to the skin] (III, 68). This latter recipe surprisingly combines folklore and Galenic medicine, which prescribed treatments based on analogy or opposition.

Popular Language

These popular practices are expressed in simple, direct language:

Bourgeois's vocabulary is straightforward; her metaphors aim to illustrate

¹⁴⁹ See the analysis of anatomical charts and visual culture in Karen Newman, *Fetal Positions. Individualism, Science, Visuality*. Stanford: Stanford UP, 1996, especially 27-44.

situations. Her language, in its lexicographic simplification, encourages the transmission of knowledge and pedagogy. Her syntax, which can perplex the modern reader by its complexity, affixes several images and examples; the phrases are long, but testify to a will to follow an account from cause to consequence, or to trace symptoms back to the cause. More generally, her language intends to be didactic: it makes itself accessible to its readers, by anchoring itself in specific and living examples.

The word ‘nature,’ and its adjective ‘naturel’ [natural] predominate. They cover several meanings: ‘Mother Nature,’ women’s nature, or the nature of remedies. But more broadly, the use of the word ‘nature’ often refers to circumstances that the midwife is incapable of explaining. ‘Nature’ then becomes a metaphor for an order of things that must be accepted as such. For example, to explain that women with ‘colérique’ [choleric] blood often find themselves sterile, the midwife writes: “Nature pour sage qu’elle soit, ne peut de méchante étoffe faire bon habit” [Nature, as wise as it may be, cannot make good clothing from bad cloth] (I, 3). Nature is what it is, and specific consequences follow specific causes.

Metaphors and analogies are in fact extremely frequent. Continuing with this motif of a choleric nature, Bourgeois explains that it makes the stomach too hot and consumes the “seed.” She supports this assertion with an image of domestic life, significant to all women:

Ainsi qu'un pain qui serait blanc et délicat jecté dans un four trop chaud. (I, 15)

This is like a delicate loaf of white bread put in an oven that is too hot.

Bourgeois's metaphors borrow in turn from the domains of the household, fields, work, nature or popular culture. All of them are vivid and strike the mind. For example, women suffering from hemorrhages should be under heightened surveillance or, in the midwife's terms:

Sitôt qu'une femme a une perte de sang [...], il faut veiller sur elle comme le chat fait de la souris et faire la guerre au doigt et à l'oeil. (I, 67-68)

As soon as a pregnant woman suffers a loss of blood [...] she must be carefully watched as a cat watches a mouse, on the alert for the first sign that anything could be going wrong.

The words of the body are all accessible terms: 'ventre' [womb] rather than the technical term 'uterus,' even though it was used from 1578 in Ambroise Paré's treatises; 'purgations' and 'mois' [months] rather than the Latinate word 'menstrues.'

Although Bourgeois possesses solid medical knowledge, acquired from reference works and her surgeon husband, she does not show it. On the contrary, she almost systematically translates medical theories into accessible terms, through comparisons from rural and working-class culture. The reference works (Hippocrates, Galen, Paré) that span and underlie her work are never named, but the borrowings are fairly evident to an educated reader. In the following passage, Bourgeois rewrites Galen's theory in which the liver, a vital organ for the human body, produces blood for the entire body. She explains in her own words that if the liver stopped functioning as such, the water produced would create an edema and lead to death:

Le foie, se suivant par succession de temps, se fait dur, comme s'il avait été bouilli, devenant de couleur de chamois, ne faisant que de l'eau au lieu de sang, qui cause à la plupart une hydroposie, et mort langoureuse. (I, 16)

Their liver cooks itself over time and becomes as hard as if it were boiled. It has the color of chamois and produces only water instead of blood. This produces dropsy in most women, and a lingering death.

She thus appropriates the reading methods of the Ancients and surgeons, which she also criticizes, based on her experience, without citing her

sources. She also draws –still without any explicit references– from popular health regimes, a genre of literature seeking to establish a healthy lifestyle for the upper classes.¹⁵⁰ For example, she declares that there is a correlation between choleric blood and spicy foods, which she thus advises to avoid:

Je dirai qu'il se trouve des femmes, mais plus rarement que par mauvaise habitude de boire de vin trop fort et en quantité, telles personnes mangent peu, et aimant les choses de haut goust, et par ce mauvais régime de vivre échauffent tellement leur sang, qu'il est tout bruslé et furibond. (I, 14-15)

I would add that on more rare occasions, there are women who heat up their blood so much that it is quite burned and excessively choleric. This occurs due to a poor diet, with a bad habit of drinking too much strong wine, since such persons do not eat much, and love to eat heavily spiced food.

These borrowings are transposed in a clear language, replete with metaphors. To explain infertility in simple terms, she reuses the popular metaphor that associated a woman with a plant and a child with a fruit. She then continues along these metaphoric lines, by comparing excessive humidity to a great storm:

¹⁵⁰ See Marilyn Nicoud, *Régimes De Santé Au Moyen Âge*. Publications de l'École française de Rome, 2007. See also Ken Albala, *Eating Right In the Renaissance*. Berkeley: University of California Press, 2002.

C'est qu'il abonde quelquefois de telles humidités en la matrice [...] que la chaleur naturelle n'y peut reluire pour conserver et entretenir les semences dédiées à la formation de l'enfant, faisant ainsi qu'un grand orage, tombant sur des terres nouvellement ensemencées, emmenant la semence hors des fosses destinées à recevoir l'égout des eaux. (I, 4)

Sometimes there is a great deal of moisture in the womb [...] it moistens and cools it so that its natural heat cannot be rekindled for the preservation of the seeds meant to form the child. This is the same as when heavy rains fall on newly sown ground and carry away the seeds into the channels meant to receive runoff.

She suggests treating this problem with plants that dry out the body and with “coiffes piquées” [perforated pessaries], full of “choses aromatiques et dessicatives” [aromatic and dessicating substances], affirming that this would ensure the satisfaction of physicians and patients (I, 4).¹⁵¹ The pessaries that she mentions come from Ambroise Paré¹⁵²; she does not name him explicitly, but she does not doubt the doctors' satisfaction, who would recognize the device and the origin of the recommendation.

¹⁵¹ “Once the stomach is purged, administer rhubarb lozenges and other comforting things to soothe the stomach, such as Indian bulrush water and sarsaparilla, usually mixed with wine; put aromatic and desiccating substances in perforated pessaries. These are the correct methods that I have seen used, and that have succeeded, to the happiness of the physicians and the patient.”

¹⁵² See Ambroise Paré, *De la génération de l'homme* [On Human Conception], which appeared at the end of *Deux livres de chirurgie* (Paris, 1573).

On several occasions, Bourgeois displays her inventiveness when translating medical specificities into accessible terms:

La matrice est la première émeue, & fait comme un ressort qui en faict remuer plusieurs autres. (II, 80)

The womb is the first organ to be touched, and acts like a spring that moves several other organs.

This comparison between the womb and a spring, a technical term drawn from the rural world, may seem surprising. But, for a non-educated public, it perfectly translates the Hippocratic notion that the womb, while being connected to other parts of the body by blood vessels, was endowed with mobility. In a similar vein, the Hippocratic notion that the fetus was an active element in the passive womb of its mother is reflected several times in the image of the “captain of the vessel,” choosing to leave the boat or to entrench itself until its resources are depleted (I, chapter II). Therefore, the language of Bourgeois’s medical manual is characterized by its simplicity, its fluidity, and its preoccupation with foregrounding experience while translating science into metaphors accessible to all women and midwives. Furthermore, the numerous recipes that punctuate the work constantly remind us of her main objective: to share a useful and applicable practice, rather than artificial and flattering language.

CHAPTER 3

AN 'I' FOR AN EYE: EXPERIENCE, VISUALITY, AND THE POLITICS OF CHILDBIRTH IN LOUISE BOURGEOIS'S AUTOBIOGRAPHICAL WRITINGS

While Louise Bourgeois intends to share her first-hand knowledge of midwifery with women and other midwives, she also wants to protect herself from the slanderers at court, affirm her position of competent midwife, and establish her own authority with regard to physicians and emerging male-midwives. In the previous chapter, I showed how Bourgeois put forth the uniqueness of her experience and practice of touch on female bodies to distinguish herself from surgeons. In this chapter, I consider the ways in which she uses the singularity of her experience as royal midwife to legitimate a larger discourse on her role as medical practitioner, loyal subject and caring figure. Once again leaving the domain of argumentation, rationality and theory to men, Bourgeois produces a series of autobiographical accounts that, *while giving the appearance of truth*, manage to change our representation of truth, even substituting it. She does so by placing herself within the limits of epideictic and historiographical discourse, a widely accepted and expected type of discourse in the seventeenth century, and by progressively changing the focal point: while the queen is the apparent subject of the discourse, Bourgeois subtly becomes the main point of attention through the

production of a personal, first-hand experience of the queen's confinement. It is the effect of reality [*effet de réel*] conferred by *experience* that validates the account; everything occurs as if it were true, although it is retrospectively written and describes scenes that the midwife would never have been able to witness, such as lively and intimate dialogues between the king and queen. As Roland Barthes has shown, the "effect of reality" is a problem in our readings of historical texts, as we tend to read historical accounts as plausible realist documents rather than textual devices in action.¹⁵³ Presented as the *Récit Véritable de la Naissance de Messieurs et Dames les Enfants de France*, most of the text is in fact dedicated to the description of how the midwife managed to gain access to the queen, which oddly resonates with the difficulties encountered by surgeons in their attempts to gain access to female bodies. Under Bourgeois's pen, the account of Marie de' Medici's confinement becomes secondary to the account of a poor, fallen woman who rises to become the queen's midwife and the first person to welcome the Dauphin into the world. The *power of the narrative* drives the text: there is no need to set out one's arguments: it is enough to immerse the reader in a complex account that, while appearing to be true, substitutes itself for the truth. In other words, the simulacrum of truth *becomes* the truth. I use the term 'simulacrum' in full

¹⁵³ See Roland Barthes, "L'effet de réel," in *Communications*, 11, 1968. Recherches Sémiologiques: Le Vraisemblable, 84-89, and Roland Barthes, "Le Discours de l'Histoire," *Social Science Information*. Volume 6, Issue 4, 63-75.

awareness, as I wish to demonstrate that the narrator resorts to significant literary and stylistic subterfuge to give her account all the features of a text loyal to the truth. Thus, by building suspense through dilatory pockets, by inserting playful dialogues that give the illusion of reality, and above all by depicting scenes that seem entirely plausible, the narrator establishes her version of the historical facts as the sole official version. Rather than arguing that she is an extraordinary character, a devoted and highly qualified midwife, Bourgeois shows the reader several scenes exemplifying her qualities. This “courtly narrative” relies on the primacy of visibility: we are presented with highly visual scenes similar to a diorama, where the narrator puts herself amongst the famous characters of the court, in an equal, if not superior, position to them. Using visual elements does not mean that Bourgeois is buying into visibility as the main means to knowledge, but rather that she has an excellent command of the visual cultural and courtly codes of her time.

I am mostly drawing here on the theories developed by Louis Marin in *Le Récit Est Un Piège* [*The Narrative Trap*].¹⁵⁴ Marin establishes that discourse is Power, and that Power relies on representation, a category that includes and transcends simple rhetoric. Power asserts itself through discourse, which instills its force by representing power rather than employing it. This discourse is fundamentally unjust, but the weak cannot challenge it, because it is dominant and

¹⁵⁴ Louis Marin, *Le Récit Est Un Piège*. Paris: Éditions de Minuit, 1978.

deployed through constant reiteration. What the weak can do, however, is to introduce flaws, ruses and shifts in the production of meaning. This tactic can only work if it is veiled and if it produces difference (or even *différance*) within a fixed and acceptable category. A well-known example can be found in Jean de La Fontaine's fables: these seemingly innocent rewritings of Aesop's fables are to be read as thinly veiled criticisms of power, through which La Fontaine manages to instill doubt, create representational instability and alter the depiction of power. I believe that this is how Bourgeois is able to introduce an alternative and disruptive discourse, which she anchors in pragmatic reality and places under the protection of the queen. Although her discourse gives all signs of apparent innocuousness, displaying her deference to doctors (the "hommes de l'art" [men of the art]) and her cordial relationships with respectable surgeons, it nonetheless manages to affirm her own vision of the medical and obstetric reality in a period of institutional and scientific troubles.

I. "Comment J'ai Appris l'Art de Sage-Femme" [How I learned the Art of Midwifery]

Godmothers, Good Midwives and Wicked Witches: the Art of The Fairy Tale

In the second book of her *Observations*, Bourgeois tells the story of how she became a midwife and then describes in detail the confinement of Marie de' Medici and the birth of the heir apparent. In a few pages, *Comment J'ai appris l'Art de Sage-Femme* recounts how Bourgeois, despite coming from a well-to-do family, found herself obliged to exercise the profession. It is written in clear, unadorned language like the medical manual, but the tone is significantly different: the text opens abruptly and unexpectedly with the storming of the barricades in the suburbs of Paris. Without any transition from the preceding medical texts, this narrative plunges the reader into the memory of an especially painful period: the year of 1589, when Henry III's murder at the hands of a fanatical monk left the kingdom without an heir.

Ainsi que les barricades de cette ville, qui furent le commencement d'une douleur universelle pour toute la France, et surtout pour le peuple de Paris, qui n'avait jamais ressenti ce qu'il a fait depuis, et surtout ceux des faubourgs desquels nous étions. (II, 101)

And so it was that barricades went up in this city, which was the beginning of universal suffering for all of France, especially the people of Paris, who had never felt anything like it, especially those like us living in the suburbs.

A long description ensues, where Bourgeois details how her comfortable bourgeois life in the Faubourg Saint-Germain, where she enjoys the fresh air and calm nature of the pleasant district, is thrown into chaos by the arrival of Henry de Navarre's armies at Paris' gates. Prince of the blood, descendant of Saint Louis and direct heir to the throne, named as successor by the late Henry III, Henry de Navarre was then Protestant¹⁵⁵. For this reason, the people of France, and even more the people of Paris –who were supplied and supported by Catholic Spain– refused to recognize his legitimacy as Henry IV. On the night of October 31, 1589, Henry de Navarre tried to impose his presence but failed to enter Paris. Alerted to the events brewing by a neighbor, Bourgeois managed to take refuge in the city with her mother; when they returned to Saint-Germain, their houses and all their belongings had been pillaged and burnt.

Il n'y resta jamais un bâton de bois, dont la plupart des caves étaient pleines. Les lansquenets étant sortis, l'on fit abattre pour quinze mille livres de maisons que mon père avait fait bâtir sur le fossé de la porte de Buci, qui n'avaient été que cinq ans debout. (II, 103)

¹⁵⁵ Son of Jeanne d'Albret and Antoine de Bourbon, brought up in the Protestant faith, Henry de Navarre was forced to convert to Catholicism to escape the St. Bartholomew's Day Massacre on August 24, 1572. Not long after his escape from the Louvre in 1576, he renounced Catholicism. Therefore, the Catholics showed great hostility towards him, while the Protestants doubted his religious sincerity.

Not a stick of wood remained, although most cellars had been full of them. When the lanceknights had left, fifteen thousand livres' worth of houses were destroyed; my father had had them built on the trench at the Bussy Gate, and they had been there for only five years.

Bourgeois's description is one of total destruction. Of their possessions and inheritance, nothing remains. From an educated, wealthy, bourgeoisie of independent means, she must then earn a living by lending her hands to odd jobs. Unlike Marguerite de Valois, who invokes and blames 'Fortune' for each stroke of bad luck, Bourgeois does not seek to establish if the origin of this misfortune is due to fate, politics or God's will. For her, it is evident that the Wars of Religion, which ravaged the country between 1562 and 1598, have affected the life of all the kingdom's subjects. Furthermore, she cannot blame Henry's armies for her hardship: at the time she is writing her story, Henry IV has been dead for a few years but his widow the queen remains her protector and their son Louis XIII is now on the throne. The Bourbon dynasty is strong, and Bourgeois likes to think that she contributed to it by being the one who safely delivered Louis XIII in 1601.

Rich in historical details and pathos, this long introduction unequivocally demonstrates that Bourgeois became a midwife by necessity and chance, not by vocation or even affinity. After various sewing jobs, which again demonstrate that she is a well-educated young woman, Bourgeois describes her entry into the

profession of midwife as follows:

Une *honnête* femme qui m'avait accouchée de mes enfants, qui *m'aimait*, me persuada d'apprendre à être sage-femme, et que *si elle eut su lire et écrire comme moi, qu'elle eût fait des merveilles* ; que le *cœur* lui disait que si je l'entreprenais, *je serais en peu de temps la première de mon état*, que mon mari qui avait demeuré vingt ans en la maison de son maître, Ambroise Paré, premier chirurgien du roi, me pourrait beaucoup apprendre. (II, 104-105, my emphases)

A *respectable* woman who had delivered me of my three children and who *liked* me persuaded me to learn how to be a midwife. She said that *if she had known how to read and write like me, she would have done great things*; that her *heart* told her that if I undertook to learn midwifery, *I would be of the first rank in no time*; that for twenty years my husband had been part of the household of the late master surgeon Ambroise Paré, and that he could teach me many things. (my emphases)

Although the initial pages of the narrative tell of desolation and failure, this paragraph restores affection and confidence to Bourgeois. Emerging from the somber narrative to give the poor and deserving young woman a chance, the figure of a fairy godmother and soothsayer appears and convinces her to become a midwife. Since it is not explicitly said that the woman is a 'midwife' herself -only

that she delivered Bourgeois's children— the line is easily blurred between matron, midwife, and fairy. As Holly Tucker explains, “early-modern tales consistently make clear the shared genealogy of fairies and midwives.”¹⁵⁶ And just like fairies, Tucker underlines, “there were only two types of midwives in the early-modern imagination: good ones and bad ones.”¹⁵⁷ This one is a good one —the “bad one” will not fail to make her appearance in the following pages under the name of “Madame Dupuis.” Right now, Bourgeois inscribes herself in the genealogy of the good fairy-midwife: this “honnête” [honest] and benevolent (“qui m’aimait”) woman sees the promise of a bright future in Bourgeois. In fact, it is her “heart” (“coeur”) that tells her that Bourgeois will succeed, as if the prediction came directly from the most noble organ in the body. It is unlikely that this woman actually realized that the combination of a good education and a surgeon husband would make Bourgeois “la première de [s]on état” [the first of her rank].¹⁵⁸ Here, Bourgeois puts words of predictive anticipation into the woman's mouth, which announce future certainty from past circumstances. This anticipation of the narrative, or temporal prolepsis, is validated by it happening in real life and by the

¹⁵⁶ Holly Tucker, *Pregnant Fictions: Childbirth and the Fairy Tale In Early-modern France*. Detroit: Wayne State University Press, 2003, 56.

¹⁵⁷ Tucker, *Pregnant Fictions*, 57.

¹⁵⁸ I would like to point out that what the respectable midwife sees as promising in Bourgeois is not Bourgeois herself, but her culture (she knows how to read and write) and that of her husband (who knows medicine and can educate her). This no doubt leads to Bourgeois's own definition of a good midwife: it is important that a midwife should have knowledge and the opportunity to study.

position of the text in the second volume of her medical manual, published under the name of “Louise Bourgeois, royal midwife.” The past overdetermines the future and reinforces the legitimacy of the midwife. In the context of this founding story, constructed like a fairytale, Bourgeois is presented as a simple, poor woman, without any vocation, but whose good culture has and will make her into an undeniable heroine. The past and present come together.

Bourgeois then describes her midwifery training, which she first summarizes as the acquisition of book-based knowledge:

Je me mis à étudier dans Paré, et m’offris à accoucher la femme de notre crocheteur, et l’accouchai d’un fils [...]. J’avais lu et retenu qu’il ne faut pas laisser dormir une femme qui vient d’accoucher. (II, 105, my emphases)

I began to study Paré’s work, and offered to deliver our porter’s wife. I delivered her of a son [...]. I had read and remembered that you should not let a woman who has just given birth go to sleep. (my emphases)

However, it is her common sense and popular wisdom that save her first delivery:

Une fois elle ne me répondis point: je mis l’enfant sur un oreiller à terre et courus à elle que je trouvai évanouie, je cherchai du vinaigre et de

l'eau, et la fis revenir à bonne heure. (II, 106, my emphases)

There was a moment when she did not answer me at all. I put the child on a pillow on the ground and ran to her, and found that she had fainted. *I looked for vinegar and water and quickly revived her.* (my emphases)

Her first deliveries are marked by emotion –the fear of not doing a good job, the pride of taking a child to church to be baptized– an emotion so strong that it seems to her that “les murailles des Cordeliers [la] regardaient” [the walls of the Cordeliers monastery were watching [her],” II, 106]. The story is undeniably effective: a young woman from a good family falls from grace and is saved by her intelligence and common sense. She cares for the poor and everything about her is testament to her devotion and kindness. Already, however, her status as midwife places her under scrutiny: she imagines that there are eyes in the walls of the Cordeliers monastery, but more importantly she is aware of the gaze of the medical practitioners before whom she must present herself to be certified.

Il doit y avoir à la réception d’une sage-femme, un médecin, deux chirurgien et deux sages-femmes. Ainsi l’on m’envoya voir les deux sages-femmes, qui étaient la dame Dupuis et la dame Péronne. Elles me donnèrent jour pour aller les trouver ensemble, elles m’interrogèrent de quelle vacation était mon mari, ce que sachant elles

ne voulaient pas me recevoir, au moins madame Dupuis qui disait à l'autre: « *Pardieu, ma compagne*, le cœur ne me dit rien de bon pour nous, puisqu'elle est femme d'un chirurgien, *elle s'entendra avec ces médecins comme coupeurs de courses en foire: il ne nous faut recevoir que des femmes d'artisans qui n'entendent rien à nos affaires.* » (II, 106-107, my emphases)

When a midwife is tested and sworn in, a physician, two surgeons, and two midwives are required to be present. Thus I was sent to see the two midwives, Mesdames Dupuis and Péronne. They set a day when I could meet with them together. They asked me what my husband's profession was, and when I told them, they did not want to accept me as a midwife. Or at least Madame Dupuis did not, for she said to the other woman, “*By God, my friend*, my heart tells me this doesn't bode well for us; *since she's a surgeon's wife, she'll be in league with these physicians; they'll be like purse-cutters at the fair. We should only accept artisans' wives, who don't understand anything about our affairs.*” (my emphases)

This scene reminds us that when Louise Bourgeois was certified at the Hôtel-Dieu in 1598,¹⁵⁹ the practice of obstetrics had only just started to be secularly regulated.

¹⁵⁹ Bourgeois was sworn in on November 12, 1598. “Madame Loyse Bourgeoys, femme de M. Martin Bourssier, le 12. Novembre, 1598,” *Roolle des Matrones, ou Saiges femmes*, in *Statuts et reiglemens*. This list of midwives who had been licensed by the “Maitres Jacques d'Amboyse, Hieroyme de La Noue, Charloes Nepueu medecine, & Chirurgien iurez du Roy, au Chastellet, Faulxbourgs, Preuosté et Vicomté de Paris, et ailleurs” listed approximately sixty women who were licensed between 1576 and 1601.

Before that, explains Alison Klairmont Lingo,¹⁶⁰ “the Church was the first to set limits on the midwives’ practice. [...] Ecclesiastical legislation between 1404 and 1584 dealt with the spiritual role of the midwife.” These rules established that it was the midwife’s duty to baptize a dying child if no man was present, and that only matrons who had been chosen by the local church representative for their impeccable morals were authorized to practice obstetrics. “The first secular regulation of midwives occurred in Paris in 1560. While still concerned about religious and moral orthodoxy, the legislation also set forth new rules for instruction, examination, licensing, registration, and professional conduct of midwives.” This new organization of powers sought to remove any opportunity to develop a non-regulated discussion on the female body and sexuality from the midwives. From this point onwards, midwives found themselves forbidden to comment on female chastity, pregnancy or virginity, unless they were in the presence of a doctor and two of the king’s sworn surgeons.¹⁶¹

However, it is neither the doctors nor the surgeons who pose a problem in this scene, but the two midwives, whose opportunistic corporatism shocks Bourgeois.

¹⁶⁰ See Alison Klairmont Lingo’s detailed article “Print’s Role in the Politics of Women’s Health Care,” especially 205-206. For a detailed analysis of these regulations, see Wendy Perkins, *Midwifery and Medicine In Early Modern France: Louise Bourgeois*, 2-6.

¹⁶¹ See Jacques Gélis, *La Sage-Femme Ou Le Médecin: Une Nouvelle Conception De La Vie*. Paris: Fayard, 1988, 22-55. See also: Holly Tucker, *Pregnant Fictions*, 71-73; Monica Green. *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology*. Oxford: Oxford University Press, 2008, and Valerie Worth-Stylianou. *Pregnancy and Birth in Early Modern France: Treatises by Caring Physicians and Surgeons (1581-1625)*. Toronto: Iter Inc, 2014.

Her relationships with other medical practitioners are complex: it is not so much a question of rank but rather of degree of professionalism demonstrated by each individual. Unlike male-midwives like Duval or Mauriceau, Bourgeois does not claim to write in order to educate midwives: however, there is not a single example of a good midwife in her book, except the respectable woman who suggested she become one, and her own example. She also often underlines her cordial relationship with surgeons, which sets her apart from other, uneducated midwives:

Certaines sages-femmes sont si outrecuidées, qu'ayant fait quelques efforts de délivrer une femme, cognoissant qu'il leur est impossible, tiennent bon tant que tout soit perdu, le pauvre Chirurgien leur est bien tenu, lors que tout est ruyné par elles, d'en avoir le blasme, et estre appelé bourreau. (I, 48)

There are midwives who are so presumptuous, that when they see that it is impossible for them to deliver a woman, even after making several attempts to do so, nonetheless persist until all is lost. The poor surgeon is quite unlucky to be blamed and called an executioner when these kinds of women have ruined the situation.

In this document, she presents Mesdames Dupuis and Péronne as women more worried about “leurs affaires” [their affairs] than teaching and practicing in conformity with the regulations. Madame Dupuis is depicted as a gossip, crying out

(“Pardieu”) and relying on her proximity (“ma compagne”) with Péronne, judging from feelings (“mon cœur”) rather than reason, imagining that Bourgeois’s education and connection to the medical world will make her the midwives’ enemy. Madame Dupuis undoubtedly betrays the real fear of the midwives: to see the doctors freely enter the birthing room to criticize and ultimately replace them. Under Bourgeois’s pen, Madame Dupuis goes so far as to declare that she only wants to train “des femmes d’artisans” [artisans’ wives] to be midwives: in other words, ignorant women, without medical education, who would be happy to provide a service without entering into the political and institutional quarrels opposing midwives and surgeons. But why does Bourgeois put these words into the mouth of the head midwife? I identify three reasons. Firstly, Bourgeois faithfully transposes here a real preoccupation with the internal wars between practitioners and intends to make it publicly known. Secondly, she wants to expose the injustice that she has personally experienced, as she is situated between the world of traditional midwives and that of surgeons versed in anatomy. Finally, Bourgeois dramatically settles a score with her greatest competitor. Madame Dupuis was in fact the resident midwife to Henry IV’s mistresses, including the infamous Gabrielle d’Estrées, and was replaced by Bourgeois at the service of the Queen Marie de’ Medici. A contrasting character to the “respectable woman” and to Bourgeois herself, Madame Dupuis is described as the evil fairy-midwife of this

fairytale:

Elle me disait que mon mari me devait nourrir sans rien faire, et que si je faisais autrement, *il me faudrait brûler pour faire de la cendre aux autres*. Elles me tinrent en telles longueurs, et avec tant de sots propos, *qu'un bel enfant que je nourrissais en mourut de l'ennui que surtout la Dupuis me donna*. (II, 107-108, my emphases)

She told me that my husband ought to provide for me without my doing anything, and that if I did otherwise *I should be burned at the stake in order to set an example for others*. They kept at me for such a long time and said so many idiotic things that *a lovely child whom I was wet nursing died from the anguish that the Dupuis woman in particular caused me*. (my emphases)

Madame Dupuis suggests that Bourgeois is a sort of heretic, a witch, and that if she continues to exist in a world that is not her own she will be punished for her transgression.¹⁶² The stake and the burning that she evokes here are not simply figurative: the *chasse aux sorcières*, or witch-hunt, reached its peak in the early seventeenth century. Holly Tucker indicates that “while there may be questions regarding the exact nature of prosecution/persecution of midwives between 1500

¹⁶² To which Montaigne could have retorted: “C’est mettre ses conjectures à bien haut prix que d’en faire cuire un homme tout vif” (“It is putting a very high price on one’s conjectures to roast a man alive for them,”) Book III, 11, *Des boîtex*.

and 1700, descriptions of the demonic works of the midwife-witch nonetheless abound in lay and learned writings throughout the early-modern era.”¹⁶³ Tucker cites Kramer and Sprenger’s influential *Malleus Maleficarum* (“Hammer of Witches,”) which was first published in 1486 and reprinted thirty times between 1487 and 1669: this treatise on witchcraft especially conflated questionable practices in midwifery and witchcraft, blaming “witch-midwives” for inflicting pain or death to new mothers and their children.

Bourgeois does not respond to Madame Dupuis’s accusation: instead, she gives Madame Dupuis a taste of her own medicine by *representing her* as a witch and holding her responsible for the death of a baby she was nursing. This is one example of a very specific characteristic in Bourgeois’s writing that proliferate in her memoirs: I read it as an occurrence of what Louis Marin calls a “discursive trap” – when the power of the narrative either silences, displaces or annihilates any other form of power within the narrative. In this passage, Bourgeois starts by putting down in writing Madame Dupuis’s accusation using indirect speech. Thus, she emphasizes the power of words and highlights the power of their materiality. As underlined by Emily Butterworth in her work on slander, the materiality of slander in its written form in the early modern period resembled the violence of physical injury and, for many lawyers, written slander even exceeded oral

¹⁶³ Tucker, *Pregnant Fictions*, 64.

slander.¹⁶⁴ Madame Dupuis's verbal attacks then appear to be physical attacks on Bourgeois and the child she is nursing. Moreover, as Butterworth explains, slander could easily be conceptualized as "a magic charm, as devil's work."¹⁶⁵ In fact, the word "diable" [devil] comes from the Greek *diabolos*, which means slanderer, calumniator or accuser. Several discursive levels overlap here: on a rational level, one that is readily acceptable, Bourgeois blames Dupuis and Péronne for their stupidity, and draws on the then-common belief that the strong emotions of pregnant or breast-feeding women could have important repercussions on their children; on a more emotional and imaginative level, she makes use of the fairy-tale nature of her narrative to suggest that Madame Dupuis is evil and that the midwives' malevolence is so powerful that it caused harm to her and to the child. She, the good midwife, and the innocent child, have been the victims of the harassment and "sots propos" [idiotic words] of witch-like creatures. Now, if magical incantations or threats have the power to cause harm, Bourgeois shows that autobiographical writing holds that power too. The goal of this long, negative description of Madame Dupuis –and the outcome of the discursive trap– appear in the penultimate sentence of the text:

¹⁶⁴ See Emily Butterworth. *Poisoned Words: Slander and Satire In Early Modern France*. Leeds, U.K.: Legenda, 2006, and Lindsay Kaplan M. *The Culture of Slander In Early Modern England*. New York: Cambridge University Press, 1997.

¹⁶⁵ Butterworth, *Poisoned Words*, 29.

Je dis cela *pour faire voir* comment Dieu sait venger ceux à qui l'on fait du mal, lorsqu'ils y pensent le moins: *cela se dira en son lieu*.
Ayant été reçue de tout le reste, elle fut contrainte de me recevoir à grand regret. (II, 107-108, my emphases)

I say this *to show* that God knows how to avenge those who are harmed, when they least expect it; *so it will be said of her*. Since everyone else accepted me as a midwife, she was forced to accept me, to her great regret. (my emphases)

By recording in writing Madame Dupuis's idiocy and malice, as well as the torments she inflicted upon her, Bourgeois *exposes* the real face of Madame Dupuis to the world. The jealous and dangerous harpy incarnated by the latter also emphasizes that Bourgeois differs from her in all respects. Bourgeois exposes Dupuis to be seen for what she truly is, but also for everyone to say it ("cela se dira en son lieu," [so it will be said of her]). Bourgeois shows: gossips will tell. At the end, it is less God who will avenge Bourgeois than the devastating effects of a well-argued and well-written text, published in a book destined to be read by parturient women and childbirth practitioners. Bourgeois can then capitalize on the empathy of her readers. By portraying Madame Dupuis as a witch in a tale where she assigns herself the heroic role, Bourgeois affirms her reputation as an honest, sensitive, educated midwife, and publicly destroys that of her enemy.

Ultimately, this text demonstrates the revenge of a capable and educated woman: revenge on life's misfortunes by becoming a midwife with medical knowledge, revenge on scandalmongers by writing and publishing her own version of an unjust examination. Lastly, it is important to highlight the incongruity of the text's title in relation to its content: does Bourgeois really recount here how she "has learnt the art of midwifery"? She details the events that have led her to this profession by necessity and the difficulties that she encounters in order to have her qualifications recognized, however, she does not linger on her *learnings* or the *art* of childbirth strictly speaking. The only scene of learning is her first delivery: reading Paré alerted her to complications, popular wisdom dictated that she administer vinegar to the woman who had fainted. The art of midwifery is, Bourgeois tells us, the same in real life as in the birthing room: the art of uniting knowledge and popular wisdom, theory and practice, reflection and necessity.

II. An I for an Eye: Courtly Codes and Discursive Traps in "*Récit Véritable de la Naissance de Messieurs et Dames les Enfants de France*"

In the *Récit Véritable de la Naissance de Messieurs et Dames les Enfants de France* [A True Account of the Births of my Lords and Ladies the Children of

France] that follows, Bourgeois recounts how she was chosen by the queen –based on hearsay and the evaluation of her physical appearance– as well as the obstacles she faced, the trials she overcame and, finally, as the main eyewitness to the most awaited event in the kingdom, how she conducted exemplary work and received recognition from the king. The autobiographical character and the literary staging of the midwife are here combined with a rather unusual type of encomiastic discourse.

In this document, we can talk about epideictic speech insofar as the subject of Bourgeois's account is apparently the queen, of whom she highlights the virtue, good behavior, grandeur and goodness. What's more, the account is positioned in a temporally difficult zone, recounting events in the past, which the author can then judge from the present. And yet, the *Récit Véritable* frequently detaches itself from epideictic speech, or more specifically, Bourgeois deploys its most obvious elements to recode the biographical account into an autobiographical narrative. I will thus briefly recall the specificities of epideictic speech, to better demonstrate how Bourgeois's account, rather than conforming to it, *uses it* to make her own apologia.

Following Aristotle, the Ancients identified three types of writing: oratory, poetics and narrative. The oratory art is composed of two genres depending on the type of listener: if the listener is a spectator, this genre is called *epideixis*, which

implies exhibition and dramatic representation; if the listener is a judge, it is called the judiciary or deliberative genre. These three genres are part of different temporalities. The deliberative identifies what should be done in a relatively close *future*, the judiciary determines the just or unjust character of *past* episodes, and the epideictic positions itself in a more ambiguous space, between the others both in terms of temporality as in objectives and effects. By offering praise or blame to a situation or person, the orator decides on the past from the present. This subject, notes Loïc Nicolas, then finds itself “conjointly updated and excluded from the debate on historical factuality, so that it does not involve arguing about an approved past, but draws from it to verbalize the *here* and *now*.”¹⁶⁶ Lastly, epideictic discourse is the genre *par excellence* for celebrating a person or commemorating a historical event. The facts being already known, and the subject not being controversial, it is, according to Loïc Nicolas, the opportunity for a “demonstration,” “a public exhibition to which an audience –then reduced to the passive state of a simple *spectator* (Aristote, *Rhetoric*, II, 18, 1391b)– finds itself invited.”¹⁶⁷ Laurent Pernod further explains that “while it seem[s] to be confined to a role of a gratuitous display,”¹⁶⁸ this demonstrative genre has a pragmatic

¹⁶⁶ Loïc Nicolas, “La Fonction Héroïque: Parole Epideictique Et Enjeux De Qualification.” *Rhetorica: A Journal of the History of Rhetoric*. Vol. 27 No. 2, Spring 2009, 115-141, 116.

¹⁶⁷ Nicolas, *La Fonction Héroïque*, 117.

¹⁶⁸ Laurent Pernot, *Epideictic Rhetoric: Questioning the Stakes of Ancient Praise*. Austin: University of Texas Press, 2015, 67.

character: it roots the discourse in an institution and values. It relies on identified figures of style, such as hyperbole and comparison. Thus, epideictic speech is at the heart of the biographical undertakings that are developing in early modern times, and which aim to paint a flattering portrait of a great man, or in this case, a great queen.

All the main ingredients of the epideictic genre –praise, blame, in-between temporality– are then found in the *Récit Véritable*. However, Bourgeois dissociates herself from it in several ways. Her ‘account’ claims to be a report: it is the subject and the temporality of the account that puts it in the epideictic register, more than her style or project. In fact, there is a singularity in her account that is incomparable with any other text. Indeed, the style is neither particularly embellished nor dramatized. And above all, her project seems distorted: what she illustrates is not exactly the subject of her praises. The *Récit Véritable*, which presents itself as an authentic report of the birth of the royal children, is quickly subordinated to the structured account of a fallen woman promoted to the position of royal midwife. The text departs from rational discourse: it is not the *logos* that convinces here, it is a clever balancing act between *pathos* and *ethos*. Bourgeois places herself in the middle of court figures that become characters. Their interactions enable the midwife to signify who she is and how she positions herself on moral questions. For example, she is opposed to Madame Dupuis on every point, and presents her as

an amoral and unkind woman, while Bourgeois is liked by women of good morals and good hearts, like Madame d'Elbeuf or the queen herself. Again, I read these scenes like 'narrative traps' through which Bourgeois alters reality from a discursive point of view: the midwife never congratulates herself, but she puts praises in the mouths of respected persons; she never engages in conflicts, but she indirectly settles the scores with her enemies.

This is a case of theatrical staging, where the midwife appears as the focal point of the account, the unique center of attention, to the point of upstaging the queen on several occasions. In this first-person account, everything is presented to the reader through the eyes of the midwife; in spite of this, through continuous shifts in meaning, she constantly appears at the forefront. This staging occurs in several ways: firstly, through a narration that I would call a 'diorama,' where Bourgeois stages, in short and rhythmic scenes, exchanges between influential characters that aim to facilitate her progress. Then, by subverting epideictic speech, the midwife takes the upper hand, under the pretext of praising the queen's goodness and celebrating the royal children. Ultimately, under the guise of telling her story and reporting history, Bourgeois constructs an account of self-promotion in which she makes herself the main heroine, and, in doing so, appropriates the very strategy used by male-midwives to perfect their public image.

Obstacles and Plot Twists

As underlined by François Rouget, the *Récit Véritable* joins the narration of *Comment j'ai appris l'art d'être sage-femme*, which was interrupted at the moment of Bourgeois's certification. Thus, "like [in] all good adventure stories, the account begins with the shaping, the institution of the hero," then "the narrator introduces the intrigue."¹⁶⁹ Bourgeois certainly dissociates the history of her professional training from that of the queen's childbirth, but only the editorial division of the two texts separates them: here the first sentence is the logical continuity of the preceding text.

Ayant été reçue, je continuais de pratiquer, où je servis grand nombre de femmes, tant pauvres que médiocres, Dames que Damoiselles, et jusques a des princesses. Il ne se parloit par la ville que de la grossesse de la Royne, et que le Roy lui donnoit Madame Dupuis pour sage-femme. (II, 111)

Once I was accepted as a midwife, I continued to practice. I served a large number of women, those of poor as well as moderate means, ladies and gentlewomen, even princesses. The whole city talked of

¹⁶⁹ Louise Bourgeois, *Recit Veritable De La Naissance De Messeigneurs Et Dames Les Enfants De France; Fidelle Relation De L'accouchement, Maladie Et Ouverture Du Corps De Feu Madame; Suivie Du Rapport De L'ouverture Du Corps De Feu Madame; Remonstrance a Madame Bourcier, Touchant Son Apologie*. Ed. François Rouget and Colette Winn, Geneva: Droz, 2000, 39.

nothing but the Queen's pregnancy, and of the fact that the King was giving her Madame Dupuis for a midwife.

The second sentence seems to imply that this social progression is natural: from poor to ordinary women the account naturally shifts to princesses, and from there, to the queen herself. But this is where Madame Dupuis, the evil sorceress from the previous account, joins the competition. Bourgeois restrains herself from saying that she dreams to serve the queen –“It never entered my mind to think of being the Queen's midwife” (III, 112)– but she does not refrain from signaling, without explaining how she found herself in possession of such information, that “her Majesty took no notice of Madame Dupuis and did not say anything to her” (II, 112). As the queen does not want Madame Dupuis, who had delivered the children of Gabrielle d'Estrées, Henry IV's mistress, the rumor spreads that her doctors are seeking a new midwife. This is the beginning of a long series of obstacles and plot twists: an inflation of the text that mimics the growing belly of the queen, and which postpones the long-awaited birth of the Dauphin for more than ten pages. This extension of the text allows Bourgeois to take up all the space: what should have been a brief prologue before the important event of childbirth becomes itself the body of the text.

Bourgeois begins by describing a scene of exchanges between influential persons, involving doctors and aristocrats:

Ils étoient cinq donc, Monsieur du Laurens, Messieurs Malescot, Hautin, de la Violette, et Ponçon. Monsieur Hautin demanda à la compagnie si l'on auroit agréable qu'il en proposa une ; ils dire qu'ouy, il me nomma, et dit que j'avois plusieurs fois accouché sa fille, d'accouchements forts difficiles et en sa présence. Monsieur Malescot dit qu'il l'avoit prévenu en me nommant. Monsieur de la Violette dit : "Je ne la cognois point, mais j'en ai entendu dire du bien." Monsieur Ponçon dit : "Je la coignois fort bien, il ne se peut faire meilleure eslection." Monsieur du Laurens leur dit qu'il me désiroit voir. Monsieur Ponçon s'offrit de l'accompagner chez nous, en leur en retournant. Madame de Thou me recommanda à luy de tout son coeur en faveur de leur alliance. (II, 113-114)

Thus, there were five physicians present at Madame de Thou's consultation: Monsieur du Laurens, Messieurs Marescot, Hautain, de la Violette, and Ponçon. Monsieur Hautain asked the assembled company if he might suggest a midwife. They said yes, and he named me, and said that I had delivered his daughter several times in his presence, quite difficult deliveries. Monsieur Marescot said that he had beat him to it in naming me. Monsieur de la Violette said, "I do not know her, but I have heard a lot of good things about her." Monsieur Ponçon said, "I know her quite well, and there cannot be a better choice." Monsieur du Laurens told them that he wished to see me. Monsieur Ponçon offered to accompany him to our residence on their way back. Madame de Thou recommended me favorably to Monsieur du Laurens with all her heart.

Evidently, the midwife did not witness this scene, but she maintains the illusion of truth by specifying that the scene was recounted to her by Monsieur du Laurens. In fact, she reconstructs the scene by putting all the ingredients of an excellent recommendation in the mouths of the protagonists: the nomination by Monsieur Hautain, the king's personal physician and a friend of Ambroise Paré, is an eyewitness validation of Bourgeois's expertise, as he assures that she can manage difficult births for people of high stature. The quick-witted remark by Monsieur Marescot, an important doctor in Marie de' Medici's entourage,¹⁷⁰ immediately confirms this nomination. The good reputation of Monsieur de la Violette is an important element of seventeenth century society, where gossip and slander, which were rife, could destroy someone's reputation. We are here given to understand that Bourgeois is not subjected to any slander and that she has an untarnished reputation.¹⁷¹ Lastly, based on his experience, Monsieur Ponçon confirms everything that his colleagues have said, and Madame de Thou acts as a moral and personal guarantor. Bourgeois is subsequently chosen as Madame Dupuis's replacement, in case the queen refuses the latter. Bourgeois's ambition is clearly

¹⁷⁰ See Jean-François Dubost, *Marie De Médicis: La Reine Dévoilée*. Paris: Payot, 2009.

¹⁷¹ Emily Butterworth explains that "the considerable literary production around the issue of slander and unjust denunciation in early modern France betrays an anxiety surrounding the protection of fame and honour that was not allayed by legal procedures." See Butterworth, *Poisoned Words*, 24. See also Emily Butterworth, *The Unbridled Tongue: Babble and Gossip In Renaissance France*, Oxford: Oxford University Press, 2016.

displayed here: professing that it is a sign from God, she declares that she must follow the religious and popular directive “God helps those who help themselves,” and mobilizes her network of friends and aristocratic clients. The recommendations unfold over several pages: numerous dilatory pockets thus follow, imitating the different and difficult stages that separate the midwife from the queen. From an unnamed “femme de ma connaissance” [a lady of my acquaintance], we pass to a certain Madame de Loménie, then to the Duchess Madame d’Elbeuf, who introduces her to Madame de Nemours, head of the queen’s household. The first contact with the queen is established through this intermediary:

Madame d’Elbeuf, voyant la response de Madame de Nemours, se hazarda allant voir la Reyne, qui luy demanda de sa couche comment elle s’en estoit trouvée; elle luy dist que fort bien, et se loua surtout de sa sage-femme, à quoy la Reyne presta l’oreille, et tesmoigna prendre plaisir d’en entendre parler, lui demanda qui elle estoit, de quel aage et de quelle façon. (II, 118)

After Madame d’Elbeuf read Madame de Nemours’s answer, she took a risk and went to call on the Queen, who asked her how she had felt after her confinement. She told her that she had felt quite well, and in particular she praised her choice of midwife. The Queen noticed this and seemed pleased to hear about it. She asked her who the midwife was, how old she was, and what she looked like.

We can here admire the Duchess d'Elbeuf's art of flattery, as she subtly suggests Bourgeois to the queen without bringing up her name first. In the seventeenth century exchange economy, all requests to powerful figures are veiled: praise, reputation, and curiosity enable important information to be exchanged without overtly discussing the subject. Thus, having recently given birth, the duchess presents herself before the queen so that the latter can question her about her childbirth. As it is the queen who asks her questions, the duchess can then recommend Bourgeois to the queen without appearing to impose the midwife or request a favor. It is therefore through smooth relations, trust between women, and the favor of aristocrats that Bourgeois is lifted to the queen's level. Moreover, it is in the interest of the aristocrats who help the midwife to be useful and pleasant to the queen, whose rejection of Madame Dupuis is known. Marie de' Medici is new to the French court and wishes to dispose of the former influential figures surrounding the king's mistresses. This reform of courtiers occurs through the reform of networks, from which Bourgeois can benefit. By recounting this initial contact with the queen, Bourgeois also makes sure to lightly dramatize the scene – Duchess d'Elbeuf “takes a risk” – and to indicate that the queen already “takes pleasure” from hearing about her. The queen's criteria, already specified as being

very stringent, are repeated: reputation (“qui elle estoit,”) “l’âge” (she wants a younger midwife) and appearance (“de quelle façon.”)

The last step to access the queen is made possible by the latter’s closest confidante: Leonora Galligai. Why didn’t Bourgeois solicit the help of this influential woman, the queen’s foster sister –who had accompanied the queen from Italy, and of whom it was reputed that the queen was very fond– more quickly?¹⁷² It is probably because access to the queen must be merited, and Bourgeois clearly intends to show her readers that she worked hard to achieve it. These long twists and turns, punctuated by the “risk” taken by Duchess d’Elbeuf, or by the disappointment of not being helped by Madame de Heilly, amongst others, contributes to make the account fast-paced. The reader thus follows the midwife in powerful arcana, reveling in the successes and obstacles encountered, as well as in the finesse of the court. The text possesses the stylistic subtlety of eruditely constructed fiction but gives the reader the credible pleasure that only a historiographic testimony can provide.

Specular Spectacles: To See and to Be Seen

¹⁷² “Madame, vous estes bien aimée de la Seignora Leonor que la Reyne aime tant, vous ferez bien cela avec elle” II, 120. [Madame, you are well-liked by Signora Leonora, whom the Queen loves so much; you could manage this with her help.]

All exchanges between the midwife and the queen are visual: they involve seeing and being seen, or in other words, presenting one's body and face to the other, which are then deciphered and decoded like a language. Visual culture was fundamental to seventeenth century courtier society –everything was a question of representation.¹⁷³ Marie de' Medici thus asks Duchess d'Elbeuf about the midwife's appearance (II, 118). Here is an example of another one of Bourgeois's friends, who gives her the precious advice to base herself on what she sees to construct ways to herself be seen.

Dieu vous aidera à *la première vue* de la Reyne, vous *verrez* ce qui se pourra faire. (II, 120, my emphases)

But God will help you, and at the first *sight* of the Queen, you will *see* what can be done.

This sentence is both advice and anticipation: a process of narrative anticipation, or temporal prolepsis, previously used by Bourgeois in *Comment J'ai Appris l'Art de Sage-Femme*, and which enables the past and future to come together at a key moment during the account. Indeed, the act of seeing the queen

¹⁷³ Louis Marin perfectly analyzed the relationships between power and representation in his reference work *Le Portrait Du Roi*. Paris: Minuit, 1981.

leads Bourgeois to make several decisions to make herself visible. This sentence is thus the first in a long series where sight holds a prime position. In fact, the scene where Bourgeois and Marie de' Medici meet is narrated as if through a kaleidoscope: the scene visually constructs and reconstructs itself several ways through a shifting and fragmented narration. The obstacles are multiple, each offering a reconfiguration of the space and protagonists that prevent Bourgeois from presenting herself to the queen. Firstly, the king and queen are seen by everyone: they walk, they dine, they relax, they are seated on a canopy to be contemplated by all the court. The midwife herself is invisible, confined behind the doors or walls. Secondly, the queen is never alone. Bourgeois admits that she cannot approach the queen as long as she has her lady-in-waiting with her, who supports Madame Dupuis to please the king:

Je n'avois eu moyen de voir la Reyne, d'autant que Madame la Marquise de Guercheville sa Dame d'honneur estoit toujours proche d'elle, laquelle s'estoit servie de la dame Dupuis sage-femme, et tenoit son parti proche de la Reyne, pour le Roi. (II, 121)

I had had no means of seeing the Queen, because Madame la Marquise de Guercheville, her lady-in-waiting, was always by her side, and she had used Madame Dupuis as her midwife and was promoting her to the Queen, on account of the King.

The first crack in the inner circle of the queen finally starts to form: Madame Concini comes to see Bourgeois and asks her questions. But this hope is quickly extinguished by the king, who suggests that the queen leave. Bourgeois expresses her frustration to her friend:

Je luy dis: “Allons-nous en aussi, puisque le bonheur ne m’a tant voulu favoriser, que *j’aye pu estre veüe de la Reyne.*” (II, 123, my emphasis)

I said to her, “Let’s go too, since I haven’t had the luck *to be seen* by the Queen.”

In this account, the queen occupies the place of a visible but inaccessible object (due to her visibility to everyone), an object desired by all and who can only be seized by the king. The obstacles accumulate, the narration is constantly drawn out. The narrator always seems close to reaching a goal that infinitely evades her, and provides her readers with gripping plot twists from small anecdotes. Then, suddenly, everything changes: Bourgeois understands that all the court is ready to leave, that no one will see her if she approaches the queen now.

Vu que le Roi, princes et princesses, seigneurs et dames estaient tous entrés en carosse, et que pas un ou deux ne pouvaient nous voir. (II,

124, my emphases)

I *saw* that the King, the princes, princesses, lords, and ladies were all in their carriages and *unable to see us*.

The game then inverses itself. The access is free and the midwife presents herself before the queen. As the waiting and dashed hopes have accumulated in the preceding pages, the reader is then expecting a moment of revelation, a turning point that will change the course of the midwife's career. But here, the talented narrator is sparing with the details:

Madame Conchine luy dit: "Madame vostre Majesté *la peut voir*, que le Roy ne le sçaura pas, *vous n'avez vu que ceste vieille* qui ne vous agréé pas." Il me fut donc commandé d'approcher, que *la Royne me voula voir*, je fis la révérence à la Reyne, *qui me regarda environ la longueur d'un Pater* puis commanda à ses estafiers de marcher. (II, 124-125, my emphases)

Madame Concini said to her, "Madame, your Majesty *can take a look at this midwife* without the King knowing about it. *You have only seen the old woman* that you don't like." I was thus ordered to approach because *the Queen wished to see me*. I curtsied to the Queen, *who looked at me for about as long as it takes to say an Our Father*, and then she ordered her lackeys to walk.

Effectively, nothing occurs. The queen does not display her thoughts or her intentions. Bourgeois signals the point to which the relationships between sovereigns and courtiers, as her own text demonstrates, are *coded*. The face that is presented to the world –like the way the author of a literary text is represented to the readership– operates under specific codes. It contains all that cannot be explicitly expressed, as this would break with the conventions of the time, and all that one wants to signify, and that which one otherwise implies. Hélène Merlin-Kajman emphasizes how the face is a “surface de rencontre entre privé et public, véritable lieu de manifestation qui, en raison même de sa réputation de sincérité (‘vive image de l’âme,’) prend de ce fait une importance publique considérable” [a meeting point between public and private, a true space of demonstration that, due to its sincere reputation [‘living image of the soul’], consequently takes on considerable public importance)]¹⁷⁴. In the seventeenth century, continues Merlin-Kajman, “les émotions sont décryptées *à partir de l’extérieur*, comme si la question de leur existence ne se posait pas en dehors de celle de leur manifestation, *voire de leur production*” [emotions are decrypted *from the outside*, as if their existence beyond their demonstration, *or even their production*, was not questioned].

¹⁷⁴ Hélène Merlin-Kajman has written extensively on the issue of the private vs. the public sphere in the seventeenth century. See her article “Sentir, ressentir: émotion privée, langage public,” *Littératures classiques* 2009/1 (N°68), 335-354, 340. See also Jean-Jacques Courtine’s and Claudine Haroche’s seminal book. *Histoire du Visage: Exprimer et Taire Ses Emotions (du XVIe Siècle au Début du XIXe Siècle)*. Paris: Payot & Rivages, 1994.

Emotions guarantee reactions, whether they be positive or negative –they directly correlate with the symbolism of social status, with the hierarchical relationships between people. Thus, an offended nobleman is expected to show his anger, as the first step towards a request for compensation for the offense. But in this specific case, the queen’s face is simply *unreadable*. It is a perfect example of the social constraints of self-control theorized by Norbert Elias, which developed under absolute monarchies and of which the queen is here the incarnation¹⁷⁵; in a highly coded curial universe, her face is indecipherable. The reader knows which emotions trouble Bourgeois, as she directly announces them, but at this moment in the narrative, the reader cannot access the thoughts of the queen, or the impact that Bourgeois’s face has on her. In many ways, this is a specular text, a spectacle based on mirrors: Bourgeois looks at herself looking at the queen, she looks at the queen looking at her. Although she tells the reader about her burning desire to serve the queen, thus stressing her role of a good subject who is loyal to the interests of the royal family, at this given moment she completely avoids delineating Marie de’ Medici’s thoughts. Only one indicator is given: the contemplation of the midwife’s face, which lasts the time of the Lord’s Prayer –but is this short or long? Either way, this religious reference gives the queen’s gaze a solemn and serious tone and

¹⁷⁵ For Elias, the level of affectivity in a society is a decisive element in the civilizing process. See Norbert Elias, *The Civilising Process*. New York: Urizen Books, 1978.

affirms her morality.

The syncopation that is incessantly inflicted on the text and reader – accelerating and slowing the account through the many obstacles to overcome to appear before the queen– is magnified here, as, even in the long-awaited presence of the queen, Bourgeois’s quest is not yet resolved. In fact, the syncopated rhythm does not stop here: in the following pages, Madame de Heilly reassures Bourgeois that the queen has declared that no other midwife will touch her, then Monsieur de Heilly suggests that, as they have heard no news, it seems that Madame Dupuis will still deliver the queen’s child. Therefore, the mystery is suspended between the reported discourses and the courtiers’ interpretations of the royal couple’s behavior. It remains, until the very last moment, a question of pure conjecture.

Simulacrum of Reality and Discursive Traps

Bourgeois resolves this mystery by resorting to a method that shifts the autobiographical account into fiction: she reports a dialogue between the king and queen that she could not have attended and that is not brought to her by a third party.

La veille dont le Roy partit, il dit à la Royne: “Eh bien ma mie vous sçavez où je vais demain, je retournerai, Dieu aydant, assez à temps pour vos couches. [...] Vous avez Monsieur du Laurens, vostre premier Médecin, le Seigneur Guide vostre Médecin ordinaire, Madame Dupuis vostre sage-femme.” La Royne commença à branler la teste et dit: “*La Dupuis, je ne veux me servir d’elle.*” Le Roy demeure fort estonné: “Comment, ma mie, vous avez attendu mon despartement pour me dire que vous ne vouliez pas Madame Dupuis, et qui voulez-vous donc?” “*Je veux une femme encore assez jeune, grande et allègre, qui a accouché Madame d’Elbeuf, laquelle j’ai veüe à l’Hostel de Gondy.*” (II, 129-130, my emphases)

The night before the King left, he said to the Queen, “Well, my love, you know where I’m going tomorrow. God willing, I’ll return in time for your confinement. [...] You have Monsieur du Laurens, your First Physician; my lord Guide, your Physician-in-Ordinary, and Madame Dupuis, your midwife.” The Queen began to shake her head and said, “*As for Dupuis, I don’t want her services.*” The King is quite astonished. “My love, how is it that you waited until my journey to tell me that you do not want Madame Dupuis? Whom do you want, then?” “*I want a woman who is still somewhat young, tall, and lively; who delivered Madame d’Elbeuf and whom I saw at the Gondi residence.*”

This passage is significant as it completely breaks with the autobiographical illusion that was maintained up to this point (only excepting an initial –and considerably shorter– dialogue between the king and queen, at Gondi Hotel). More

specifically, an invented dialogue is inserted, deliberately, into an account that claims to be “genuine.” Paradoxically, the simulacrum of reality is prolonged using various methods borrowed from fiction. To begin with, it takes the liberty of making the monarchs into two protagonists and giving them almost caricatural psychological traits: the king, as per his reputation, is a flatterer (“ma mie,” [my love]); the queen is a strong woman who defends her choices. This signifies that Bourgeois makes Marie de’ Medici into a character who stands up to the king of France, unambiguously repeating “*je ne veux*” [I don’t want], then “*je veux*” [I want], to impose her choice of midwife. This culmination of discourse borrows from the rhetorical figure of epanorthosis: the queen’s judgment, already expressed in the account, is repeated with fervor to intensify and complete it. All of Paris knows that Marie de’ Medici rejects Madame Dupuis: the narrator makes this known through stages, recounting the rumor (II, 111), the doctors’ precautions (II, 113), and Henry IV’s preference (II, 121 and 127). Marie de’ Medici, herself, finally declares with emphasis to the king that she does not want Madame Dupuis. However, at the end, this rejection seems less important than her desire to be delivered by Louise Bourgeois and uniquely by her. The narrator then puts words in the queen’s mouth, adjectives that positively refer to Bourgeois: “jeune, grande et allègre” [young, tall, and lively]. Bourgeois never describes herself directly: she takes care to put compliments in the mouths of the powerful and influential, in an

account that she assures us is authentic.¹⁷⁶ Lastly, the scene is made even more lively as it is marked by a sudden change in time: recounted in the past tense, she deviates towards the present to emphasize the king's surprise, as he "demeure fort estonné" [the king is quite astonished]. All of this occurs as though Bourgeois had access to the monarchs' private life and could report on their conversations; we know that it is not possible, but the liveliness of the exchanges, inserted into a "Récit Véritable" [True Account], deludes us.

The second dialogue between the king and queen, a little later, this time includes Bourgeois. It reiterates the queen's firmness in her choice,¹⁷⁷ then the importance of the task for which the midwife has been chosen. Finally, it illustrates Bourgeois's morality.

Le Roy me dit: « M'amie, il faut bien faire, c'est une chose de grande importance que *vous avez à manier*. » Je luy dis : « J'espere, Sire, que Dieu m'en fera la grâce. » « *Je te croy*, » dit le Roy, et s'approchant de moi, me dit tout plain de mots de gausserie, à quoy je ne luy dis aucune response; il me toucha sur les mains, me disant: « *Vous ne me répondez*

¹⁷⁶ These words are especially significant as they guarantee Henry IV's permission. As Lianne McTavish explains, "Marie de Médicis clearly found Bourgeois agreeable: the commonplace belief that a labouring woman would be adversely affected if she disliked her midwife was what enabled the Queen to overrule King Henri IV's selection of the royal servant" (*Childbirth and the Display of Authority*, 82).

¹⁷⁷ "“Yes,” said the Queen, “I chose her, and I tell you that I have never been wrong in anything I have chosen,” just as she had already said at the Louvre.” (II, 141-142)

rien ? » Je luy dis: « Je ne doute nullement de tout ce que vous me dites, Sire. » C'estoit qu'estant aux couches de Madame la Duchesse, Madame Dupuis vivoit avec une grande liberté auprès du Roy. Le Roy croyoit que toutes celles de cet estat fussent semblables. (II, 142, my emphases)

The King said to me, "My dear, you must do well; *you will be handling* a matter of great importance." I said to him, "I hope, Sire, that God will give me the grace to do it well." "*I believe you,*" said the King, and he approached me and said a lot of teasing, jesting things, to which I made no answer. He touched my hands and said, "*You're not going to say anything?*" I said to him, "Sire I do not doubt anything you say." I knew that during Madame la Duchesse's confinements, Madame Dupuis behaved very freely with the King. The King must have thought that all midwives were like that.

As a real discursive trap, this passage uses a specific example and an account that seems to be real rather than argumentation to communicate its message. The narrator stages the reputation of the king as a charmer to affirm that her own morality is beyond reproach. The scene is simple: the king informally calls her "m'amie" [my dear], then shifts from the use of '*vous*' to that of '*tu*' ("je te croy" [I believe you]), makes "gausseries" [teasing, jesting things] to make her laugh and even dares to touch her hand. Faced with this, the narrator responds with stony silence, followed by a polite and distant answer, which leads the king to return to

the ‘*vous*’ form (“vous ne me répondez rien?” [you’re not going to say anything?]). Bourgeois thus uses the king’s scandalous reputation –he was nicknamed the “Vert-Galant” for his famous zeal for women and his numerous lovers– to indicate two important things: on the one hand, Madame Dupuis is unprincipled as she let the king believe that he could communicate with her through jest and libertinage, and, on the other hand, Bourgeois has such strong morals herself that she does not fear resisting and displeasing her sovereign.

Representation of the Self and the Power of Narration

On multiple occasions, Bourgeois reiterates her subordination to the queen and her desire to serve her well. She praises her virtues –saying that she is beautiful, kind, and humble– and recounts that the queen has asked to be treated as the poorest woman in the kingdom.¹⁷⁸ Bourgeois emphasizes that she travels with the queen to Fontainebleau, she sleeps close to her, she accompanies her in her visits in case she starts to give birth. Bourgeois has “l’honneur de la voir au lit” [the

¹⁷⁸ “Mademoiselle de la Renouillière told me on Her Majesty’s behalf that when her time to give birth came, I should not be surprised by anything I might see; that it was possible that some people, angry that she had chosen me, could say or do something to intimidate me. If this happened, I was not to worry about it at all, for I was answerable only to her, and that she would never doubt my abilities. I was to treat her and her child as I would treat the poorest mother and child in her kingdom.” (II, 136-137)

honor to see her in bed] and “l’honneur de lui donner son opinion” [the honor to give her her opinion] (II, 135). The incident with the log at Melun is an opportunity to show that she is morally and physically committed to protect the queen, and in turn to protect the future king.

La Reine qui y avoit le dos tourné, estant debout, ces busches vindrent à esbouler, qui estoient *extrêmement grosses*; j’estois au costé du jambage de la cheminée ; *je me jette à bas, pour arrester une grosse busche ronde qui alloit tomber sur les talons de la Reyne*, qui l’eut *infailliblement* fait tomber en arrière. Voilà le premier service que j’eus l’honneur de luy rendre, et au Roy qu’elle portoit. (II, 136, my emphases)

The Queen was standing with her back to the fire when the logs, which were *extremely thick*, began to spurt. I was next to the hearth. *I threw myself down to stop a thick round log which was about to fall on the Queen’s heels*, and which would have *unquestionably* made her fall backwards. Such was the first service that I had the honor of providing to the Queen and to the King she was carrying in her womb.

Bourgeois accentuates and dramatizes the scene: the logs are “*extrêmement grosses*” [extremely thick], so she has no choice but to throw herself between the queen and the log, as she declares that the log would have undoubtedly caused the queen to fall and lose the child. This conclusion is questionable: by stopping the log

that had fallen from the fire, Bourgeois claims to have saved the future king.

Nevertheless, the importance of this scene does not reside in the realism of the description: it is its very exaggeration that demonstrates the midwife's complete devotion -body and soul- to the health of the queen and the Dauphin. The midwife's body can be reified to the point of becoming a mere fire screen:

Bourgeois likes showing that she is a good courtier. Bourgeois presents herself as responsible for the queen's life –a responsibility that she performs unconditionally, as even the future of the kingdom becomes secondary to this mission. Under the pretext of serving the queen well, the midwife can emphasize her position and the power that comes with it: she is the first person in the kingdom to know that the long-awaited child is a boy, an heir to the throne. This situation of privileged knowledge is accentuated on several occasions: by declaring this certainty before the birth, by affirming that she will ensure the queen's health before announcing the child's sex, by playing with the young prince of Vendôme, and lastly, by staging the methods of the revelation, according to the court's needs, while holding the child in her arms.

Firstly, Bourgeois asserts that she was certain, well before the birth, that the child would be a son.

Je l'assurois que je croyois qu'elle auroit un fils, et véritablement je

diray ce qui me faisoit croire. Je voyois la Reyne si belle, et avec un si bon teinct, l'œil si bon que selon les préceptes que tiennent les femmes, ce devoit estre un fils ; mais le plus fort et assuré jugement que j'en avois estoit que Dieu nous monstroit qu'il vouloit restaurer la France, ayant rendu bon Catholique nostre Roy, le maistre, marié, et la Reyne grosse, avant que personne eust eu le temps de le désirer. Voyant que tout cela estoit de grands œuvres de ses mains, je croyois qu'il les parferoit, nous donnant un Dauphin. (II, 137-138)

I would assure her that I believed she would have a son, and I will truthfully explain why I thought so. I usually saw the Queen looking so lovely, with such a good complexion and such bright eyes, that according to women's precepts, her child would be a son. But the strongest and surest reason that I had for thinking she bore a son was that God was showing us that he wanted to restore France. He had made our King, the master, a good Catholic and a married man; he had made the Queen pregnant before anyone had time to wish for such a thing. When I saw that all these great things were the work of His hands, I believed that He would perfect it all by giving us a Dauphin.

Bourgeois emphasizes what everyone knows: due to Salic law, only a male heir could enable Henry IV to maintain the Bourbon lineage, and, above all, only a dauphin could give the French kingdom the stability desired since the unexpected death of Henry II, forty years earlier. His sons François II, Charles IX and Henry III succeeded the throne without producing heirs, which greatly contributed to the

political instability of the kingdom ravaged by the Wars of Religion.¹⁷⁹ To explain the reasons that led her to believe that the child would be a male, Bourgeois begins by basing herself on the folklore that a mother bearing a male child had a better complexion. But, she especially insists on the fact that as a good Catholic, she trusts in God to reestablish the kingdom's fate. In doing so, she makes herself an instrument of God and responsible for the country's future.

Next, the midwife stands up to the king and queen, insisting that her face will remain unreadable, so as not to disturb the young woman who has just given birth.

Elle [la Reine] me dit: "Si tost que je serai accouchée, je connoistray bien en vous voiant, quel enfant ce sera." Je suppliy sa Majesté de croire que en me voiant il ne s'y pourroit rien cognoistre, quoi que ce

¹⁷⁹ Henry II died an untimely death after receiving a lance in one eye from Gabriel de Montgomery, captain of his Scottish guard, during celebrations for the signature of the Peace Treaty of Cateau-Cambrésis in 1559. His doctor, the surgeon Ambroise Paré, could not save him. Ascending the throne at the age of 15, François II was under the ultra-Catholic control of the House of Guise, the family of his young wife Marie Stuart. He succumbed to an illness after one year's reign. Charles IX, who became king at the age of 10, inherited a kingdom destroyed by the Wars of Religion. Despite the efforts of Catherine de' Medici, who reigned from the shadow of her son to ease tensions, the end of his rule was marked by the St. Bartholomew's Day Massacre. Charles IX died in 1574, from poisoning or an illness, at the age of 23. His brother, Henry III, hastily came back from Poland, where he had just been elected king. He had to face up to four civil wars and fight against the Malcontents, the Protestants, and the Catholic League, which had him assassinated by the monk Jacques Clément in 1589. Their youngest brother, Hercules-François, Duke of Alençon, head of the Malcontents, died from tuberculosis in 1584. Their youngest sister, Marguerite de Valois, who was married to Henry de Navarre to ease religious tensions in 1572, was repudiated by the latter as she did not produce any children. We can then understand the necessity for Henry IV to produce a legitimate heir to reinforce his power and new lineage. We can also grasp the febrility and anxiety that surrounded the birth of the first legitimate child, which is echoed by Bourgeois, following forty years of unstable royal rule and civil wars.

fust, d'autant qu'il estoit grandement dangereux à une femme venant d'accoucher, d'avoir joye ni desplaisir, qu'elle ne fust bien délivrée, et que la joie et la tristesse avoient un mesme effet, qui estoit capable d'empescher une femme de délivrer; que je la suppliois de ne s'en point informer, que je ferois triste mine, encore que ce fust un fils, afin qu'elle ne s'en estonnast. (II, 143-144, my emphases)

She [the Queen] told me, "As soon as I am delivered, I will know for certain whether I have a son or daughter by the look on your face." I begged Her Majesty to believe that nothing could be guessed from looking at my face, as to whether it was a son or daughter, because it was extremely dangerous for a woman who has just delivered to feel joy or displeasure, until she be completely delivered. *Joy and sadness have the same effect, which is to prevent a woman from delivering.* I begged her to not ask, and that I would look sad even if it were a son, so that she might not be unduly surprised.

Thus, it is now the midwife's turn, having confronted the indecipherable face of the queen during their first meeting, to find herself in a position of power: the power of having knowledge that the other does not have. Bourgeois insists that she will not let any emotion show so as to protect the queen. In doing so, she reiterates that the role of midwife is not just to facilitate the birth of a child, but also, and above all, to deliver the woman. In other words, her task is to ensure that the afterbirth has been entirely evacuated from the body. Moreover, the lines that she writes to explain that

“la joie et la tristesse avoient un mesme effet, qui estoit capable d’empescher une femme de délivrer” [joy and sadness have the same effect, which is to prevent a woman from delivering] are in the present tense, breaking with the narration in the past. Many other examples of advice on women’s behavior punctuate the account of the queen’s childbirth. The queen is portrayed as an exemplary figure: always calm and cooperative, obeying the needs of medical practitioners, assuring them that she trusts them and defers to their best judgment.¹⁸⁰ These lines in the present tense take on a value of general truth, by transposing the account into an educational approach to obstetrics questions.

A somewhat surprising scene then disrupts the account: that of a reported conversation between the midwife and the young Duke of Vendôme, son of Henry IV and his mistress Gabrielle d’Estrées, then aged six.

Monsieur de Vendosme me demandoit à toute heure si la Reine accoucheroit bientost, et de quel enfant ce seroit. Pour le contenter, je lui dis qu’oui. Il me demanda derechef quel enfant ce seroit; je lui dis que ce seroit ce que je voudrois. “Eh quoi, dit-il, n’est-il pas fait?” Je lui dis qu’ouy, qu’il estoit enfant, mais que j’en ferois un fils ou une

¹⁸⁰ “Il fallut plusieurs grands remèdes à quoi la Reine ne résista nullement [...] ne voulant en rien se rendre coupable de mal. C’est pourquoy plusieurs femmes sont souvent cause par leur opiniastreté que les choses leur succèdent mal, pour elles et pour leurs enfans.” [Several remedies were needed, and the Queen did not resist them in any way [...] for she did not in any way want to be guilty of harming her child. This is why some women’s obstinacy sometimes makes things go badly for them and their children.] (II, 155)

fille, ainsi qu'il me plairoit. Il me dit: "Sage-femme, puisque cela dépend de vous, mettez-y les pièces d'un fils!" Je lui dis: "Si je fais un fils, Monsieur, que me donneres vous?" "Je vous donnerai tout ce que vous voudrez, plustost tout ce que j'ay." "Je ferai un fils, et ne vous demande que l'honneur de vostre bien-veillance, et que vous me vouliez tousjours du bien." Il me le promet et me l'a tenu. (II, 156-157)

Monsieur de Vendôme asked me at every hour if the Queen would give birth soon, and whether she would have a son or daughter. To placate him, I told him that yes, she would give birth soon. He asked me again whether it would be a son or daughter. I told him that it would be what I wanted. "What," he asked me, "hasn't it already been done?" I told him yes, that there was a child, but that I would make a son or daughter, as I pleased. He said to me, "Midwife, since it depends on you, put in the parts for a son." I told him, "If I make a son, Monsieur, what will you give me?" "I will give you all that you want, or rather, all that I have." "I will make a son, and ask you only for the honor of your favor, and that you will always be of goodwill towards me." He promised me this, and has kept his promise.

This playful scene is more complex than it appears at first sight. The young duke is especially endearing as he exclaims "Eh quoi, dit-il, n'est-il pas fait?" [What, he asked me, hasn't it already been done?] and then asks her to make the child a boy. This clear naivety allows the midwife to subvert biological codes and those of court protocol. Firstly, she gives herself a demiurgic power, flouting the

divine rules of Nature and pretending that she can create whatever she would like; secondly, she gives herself the power of superiority over a duke. This is a game of power reversal, a carnivalesque moment, where the midwife, becoming omnipotent, makes the nobles dependent on her choices. It is, however, a game with Henry IV's illegitimate son and Bourgeois finishes the scene as a good courtier, with the assurance of the Duke of Vendôme's benevolence. Again, this scene illustrates the anxiety surrounding visibility, or rather, the impossibility of seeing inside the body outside dissection. It reminds us that the inside of the living body, the fetus' materiality, holds an unfathomable mystery.

The moment of revelation of this mystery is then visually staged, and the birth scene takes on a theatrical nature. Bourgeois provides many details about the appearance of the oval room at the Château de Fontainebleau: the delivery bed is made of crimson and gold velvet, situated under a canopy, itself placed under a larger canopy where the king's chair is located. The large canopy is "*tendu ainsi qu'une tente par les quatre coins avec cordons*" [stretched out like a tent in four directions, with thick ropes], which, in its efforts to contain and stage the event, is reminiscent of contemporary medical engravings representing women's uteruses being dissociated from the rest of their bodies. For example, the treatises of Scipion Girolamo Mercurio (*La commare o riccoglitrice*, 1595,) Hyeronimus Fabricius (*De formato foetu*, 1627) and Jacob Rueff (*The Expert Midwife*, 1637) all presented the

fetus in a round space, detached from the body of the mother, and in which the edges were cut out and pinned to the four corners.¹⁸¹ Henry IV himself is conscious of the theatricality required by the event, and apologizes to the queen for the large public that she will have to face, especially the princes of the blood, who are required by protocol to be present. Thus, the princes of Conti, Soissons and Montpensier, the doctors (Messieurs de la Rivière, du Laurens, Héroard, Guide and Guillemeau,) two old Italian women, all the ladies-in-waiting, two Saint-Germain-des-Prés monks and the relics of Saint Margaret –Saint of Pregnant Women and Childbirth¹⁸²– are summoned. In this complex and highly codified environment, Bourgeois recounts how she navigates the constraints of the court. Both Mademoiselle de la Renouillère, First Lady-in-Waiting, and the young Gratiennne, one of the Queen’s ladies-in-waiting, ask her for a sign, to have the privilege of announcing the boy’s birth to the king. Bourgeois gives each one a different sign, one visual, the other verbal, to satisfy them both (II, 145-146). Lianne McTavish contends that Bourgeois is then “acting more like a male courtier than a female

¹⁸¹ Karen Newman brilliantly describes and discusses the visual codes of the representation of fetuses in the early modern era. She notes that “The Rösslin [famous sixteenth-century German surgeon] illustrations, which numerous midwifery manuals borrowed, acquired increasing detail, such as umbilical cords, uterine layering, ovaries, placental tissue, pelvic bone mass, and the like; nevertheless, the schema of the fully formed fetus actively negotiating the uterine movement and cut off from a female body endure[d].” See Karen Newman, *Fetal Positions. Individualism, Science, Visuality*. Stanford, Calif.: Stanford University Press, 1996, 29-33.

¹⁸² Marie de’ Medici had brought Saint Margaret’s belt to the Abbey of Saint-Germain-des-Prés. This was the first time that a queen gave birth in the presence of relics. It then became a norm. See Dubost, *Marie de Médicis*, 138.

servant.”¹⁸³ She suggests that Bourgeois adopts curial codes, like those stated by her contemporary Nicolas Faret in *L'Honneste homme, ou l'Art de Plaire à la Cour* [*The Honest Man, or the Art to Please at Court*], published in 1630: the restraint of one's own passions and self-mastery. However, I would argue that she uses the necessary restraint demanded at court less to assert herself as male courtier than as a midwife capable of reason. There is no doubt that Bourgeois is an excellent courtier: she repeats on several occasions that she emphatically “begs” the queen to believe in her, that she is entirely devoted to the crown, and that she commits to protecting the queen with her own body, like in the incident of the log. Although restraint, calmness, and sangfroid are the prerogative of men, Bourgeois appropriates them –not as a courtier but in the context of her work as a midwife, to demonstrate that she straddles both the so-called masculine world of reason and the so-called feminine world of emotion. In this light, Bourgeois does not masculinize herself due to court conventions, but she seizes the reason monopolized by men to enhance her status as midwife. This seems to be authentic especially given the fact that her medical manual, which discusses cases of women from all social backgrounds, also represents the perfect midwife as a midwife who knows how to remain calm and orchestrate the birthing room with intelligence. At the birth of the Dauphin, like in her medical manual, the exchanges with the doctors are an

¹⁸³ McTavish, *Childbirth and the Display of Authority*, 100.

opportunity for Bourgeois to demonstrate and stage the institutional and hierarchical issues that characterize her time. She then in turn presents herself as the primary or indispensable figure. We know that her trust in the king and queens' doctors was far from complete, as she stresses, both in the dedication to the queen and in the account, the slander that augmented from the moment that the queen experiences contractions.¹⁸⁴ However, she relates these exchanges as though nothing happened, and emphasizes the doctors' confidence in her skills.

Les Médecins me demandèrent: "Si c'estoit une femme où n'y eust que vous pour la gouverner, que lui feriez-vous?" (II, 153)

The Physicians asked me, "If this was a woman who had only you to take care of her, what would you do?"

Even so, this seemingly good relationship implies that the doctors are unnecessary to the good execution of the birth and that Bourgeois could easily do without them. Further on, she gives an apparent example of satisfactory collaboration between the doctors and the midwife:

Le Roi dit qu'il ne vouloit que personne ne donnast son advis que les

¹⁸⁴ "During this long time, it indeed happened that those whom the Queen had judged likely to bother me made some remarks and exchanged some significant looks." (II, 157)

Médecins, selon que je leur aurois rapporté, et que nous en serions convenus ensemble. (II, 154)

The King said that he did not want anyone to give an opinion except for the Physicians, based on my reports to them and what we would agree on together.

Here, the hierarchy is preserved, in the sense that the doctors are the king's privileged interlocutors, but their words are entirely founded on the reports that the midwife gives them and on a communal effort to interpret these reports. Thus, for Bourgeois, the queen's childbirth is the opportunity to affirm and demonstrate that the union of theoretical knowledge (doctors) and empirical knowledge (midwives) produces excellent results, if the doctors respect the work of the midwife. This respect is here made possible by the monarchs' vigilance:

Tellement que je peux dire, qu'en lieu du monde, je n'ay eu telle tranquillité d'esprit, pour le *bon ordre* que le Roi y avoit apporté, et *l'assurance* que m'avoit donnée la Reine. (II, 154, my emphases)

This worked so well that I can say that in no other birthing-room has my mind been so at ease, due to the *good order* the King had established and the *reassurance* the Queen had given me.

Indeed, only “le bon ordre” [good order] and “l’assurance” [reassurance] allow each person to fill their role, without the weakest being prey to the strongest or the envious. Thus, Bourgeois proves, through the power of a compelling narrative based on seemingly real examples, that it is in everyone’s interest for the doctors to trust midwives, rather than blaming them for their ignorance or forcing them to lie to dissimulate their own errors.¹⁸⁵

The birth is very long and the newborn Dauphin seems to feel faint. The midwife thus speaks directly to the king:

Sire, si c’estoit un autre enfant, je mettrois du vin dans la bouche, & lui en donneroie, de peur que la foiblesse dure trop. Le Roy me mit la bouteille contre la bouche, & me dit, faites comme à un autre: j’emplis ma bouche de vin et lui en soufflay, a l’heure mesme il revint ; et savoura le vin que je luy avois donné. (II, 158-159)

“Sire, if it were any other child I would put some wine in my mouth to give him, for fear that he would be overcome with weakness.” The King put the bottle to my mouth and said to me, “Do as you would with any other child.” I filled my mouth with wine and blew some into the child’s mouth. At that moment he recovered, and tasted the wine that I had given him.

¹⁸⁵ This remark would then be reformulated in the dedication to the queen that opens the *Observations*: “Ordinarily, the modesty of our sex cannot permit doctors and surgeons acquire this intimate knowledge except via the midwife’s report, which is not always true, sometimes through ignorance and sometimes through the shame of confessing a mistake” (To the Queen).

However, Jean Héroard, doctor of the king and later of the Dauphin, and present at the birth, only mentions Louise Bourgeois once, and unflatteringly:

L'enfant fut reçu par dame Louise Bourgeois, dite Boursier, sage-femme à Paris, qui fut longtemps à couper le nombril de peur de le blesser, d'autant qu'à tout propos il y entortilloit ses mains et le tenoit de telle force qu'elle avoit peine de l'en retirer.¹⁸⁶

The child was received by Madame Louise Bourgeois, called Boursier, midwife in Paris, who took a long time to cut the umbilical cord from fear of injuring him, since whenever possible he wound it around his hands and held it with such force that she had difficulty removing it from him.

The little time Héroard devotes to the midwife includes his insistence that she struggled to fill her role: she seems hardly efficient, she struggles with a child.

What's more, Héroard blames Bourgeois for the Dauphin's weakness, arguing that she waited too long before separating him from the afterbirth. He effaces the midwife from the birthing scene, underlining that the queen was walking around

¹⁸⁶ Jean Héroard, *Journal*, ed. Soulié and De Barthélemy, Paris: Firmin-Didot frères et fils, 1868, 2 (my translations). According to a manuscript at the Bibliothèque de l'Arsenal, the original copy of "Journal du Roi Louis XIII par Heroard son premier médecin" [Diary of King Louis XIII by Heroard his first physician] was published around 1617.

“sans l’aide de personne” [without anybody’s help].¹⁸⁷ Finally, he attributes the care of the Dauphin to his colleague Jacques Guilleméau and himself:

Il lui fut donné un peu de vin par monsieur Guilleméau, chirurgien ordinaire du roi. [...] Je lui donnai [à l’enfant] dans sa cuiller un peu de mithridate détrempée avec du vin blanc, qu’il avala fort bien et en suçait ses lèvres comme si c’eût été du lait.¹⁸⁸

He was given a little wine by Monsieur Guilleméau, the king’s ordinary surgeon. [...] I gave him [the child], in his spoon, some mithridate diluted with some white wine, which he swallowed well and licked his lips like it was milk.

Héroard evidently conceals the popular nature of the treatment given by Bourgeois: mouth to mouth, with an ordinary wine. In the version he relates, he gives himself the main role and presents himself as someone who cares for the child in a way that is appropriate for his rank: he uses a spoon and adds mithridate to the wine.

Mithridate, named after his inventor the great King Mithridates VI Eupator of Pontus in the 1st century BC, was a semi-mythical remedy made of 65 ingredients. While King Mithridates took it as a way to make his body immune to poisons – lending his name to ‘mithridatisation,’ the practice of protecting oneself against

¹⁸⁷ Héroard, *Journal*, 4.

¹⁸⁸ Héroard, *Journal*, 4.

poisons by ingesting non-lethal doses- it was often used in the Renaissance to ward off the Plague and as a potent fortifier. Thus, Héroard rewrites Bourgeois's popular remedy into a much more acceptable scientific recipe, which also inscribes the Dauphin in the tradition of great kings. Finally, it is made clear, in the pleasure that the Dauphin seems to take, "licking his lips like it was milk," that Héroard already pleases him as courtier.

It is impossible to know when Héroard's account of the birth of the Dauphin was published, since the original manuscript was lost. A fragment found at the Bibliothèque de l'Arsenal seems to indicate that it came out around 1617, the same year as Bourgeois's *Récit Véritable*. Another excerpt, titled *Passage de Louis XIII à Châteaudun*, which took place in September 1619, suggests that Héroard's *Journal* was published after Bourgeois's account. In any case, reading these two passages side by side clearly illustrate their authors' attempts to efface their rival from their narration of history. It also emphasizes the crucial role and power of a compelling autobiographical narrative, and reaffirms the need, in early modern French studies, for a thorough literary analysis of medical texts that would not only pay attention to style and meaning, but also to rhetorical negotiations, textual illusions and discursive traps. Both Bourgeois and Héroard wrote and published an eyewitness account of the birth of Louis XIII as a means to make themselves visible –and others invisible- in the medical world. Both claimed to tell the truth and be devoted

to serving the royal family. Both grounded their authority in the power of a testimony, a first-person narrative that, in its plethora of details, persuaded their readers with verisimilitude. Looking at the paratext surrounding the *Observations*, it is evident that Louise Bourgeois felt that she needed to ruse, to protect herself from her rivals. She wrote her medical manual by presenting herself as a non-threatening, amicable figure; she kept a low profile and insisted on her excellent relationships with doctors. In her account of Marie de' Medici's confinement, she was emboldened to alter her strategy. The 'I' that had been detailing medical case studies from the perspective of an embodied subjectivity in the first volume transformed into an 'eye,' making use of the scopic drive of her time and orchestrating her narrative in order to see and be seen. First-person narratives are elaborate constructs we take at face value. That is because, as Louis Marin writes, "'I' is both narrator and narrated, utterer and uttered; consequent value: it is *true*. Hence, the positioning of the reader (I, you, he): to take it or leave it."¹⁸⁹ It could be argued that for Bourgeois, writing a memoir was more than a way to advance herself in the medical world: it was an attempt to disrupt the gender paradigm, to rewrite the story of a woman bound by cultural, patriarchal codes. An opportunity to re-invent herself through a narrative that sometimes reads like fiction. She knew

¹⁸⁹ Cited in English in Marshall Blonsky, *On Signs*, Baltimore: Johns Hopkins University Press, 1985, 274. ["'Je' est le narrateur et le narré, énonciateur et énoncé ; valeur d'accompagnement : c'est *vrai*. D'où positionnement du lecteur (moi, vous, lui): c'est à prendre ou à laisser," in Marin, *Le Récit Est Un Piège*, 73]

the power of language, as she feared those who distorted it: the slanderers, the gossips and the rhetors of court life. She took all necessary rhetorical precautions to protect herself against them. But ultimately, the most violent attacks came from physicians and surgeons who could, like her, craft a seemingly authentic autobiographical narrative in which they planted subtle discursive traps: Héroard, made Lord of Vaugrigneuse by Henry IV after the birth of the Dauphin, and author of a pompous dialogue titled *L'Institution du Prince*, tried to efface the royal midwife from the annals of history; many years later, Guillemeau and a group of renowned physicians and surgeons ended her career by publicly blaming her in a pamphlet for the death of Madame de Montpensier. As Louis Marin recalls in *Le Récit Est un Piège*:

Le langage employé dans des circonstances déterminées, et pour répondre à une situation spécifique, peut être une arme aussi puissante et efficace que le couteau.¹⁹⁰

Language used in clearly defined circumstances, and to respond to a specific situation, can be a weapon as powerful and efficient as a knife.

¹⁹⁰ Marin, *Le Récit Est Un Piège*, 38.

CHAPTER 4

MIDWIVES AND SPIN DOCTORS: THE RHETORIC OF AUTHORITY IN EARLY MODERN FRENCH TREATISES ON CHILDBIRTH

Positioned on the hierarchical ladder between university-trained physicians who wrote in Latin about bodies they never touched and uneducated midwives disdainfully known for coming in contact with menstrual blood, seventeenth-century French surgeons yearned for professional and public recognition. The physicians' refusal to practice surgery had created a market that surgeons quickly occupied during the Middle Ages; the interdiction for midwives to use medical instruments put them in a privileged position to intervene in case of problematic birth. Despite always having a foot in the door of the birthing chamber, the surgeons' access to women's bodies was still limited by their terrible reputation: women were terrified of their instruments, interpreted their arrival as imminent death, and equated a man's touch with debauchery. In order to advance themselves, surgeons therefore tried to revamp their public image by publishing medical treatises. Publishing enabled them to do at least three things: first, to displace the traditional sites of power, since writing in the French vernacular signaled the end of Latin as the sole language of science, and, consequently, marked the end of the

supremacy of university-trained physicians; second, to stage themselves as caring, competent “male-midwives,” which allowed them to counteract the women’s fears; and third, to strengthen their superiority over traditional midwives, whose lack of medical training was shamefully famous.

What makes these seventeenth-century medical texts significant is that they are no longer mere compilations or translations of instructions, wonders, and recipes. In fact, they dramatize the scientific negotiations between theoretical knowledge based on the Ancients’ teachings, and brand-new, subjective, experience-based knowledge. They also seek to present the gendered practice of touching women’s bodies as a neutral medical gesture. Finally, these texts are not, as they claim to be, published for educational purposes. They are to be read as rhetorical constructs, whose goal was to advance the careers of these surgeons. And herein lies the problem: the scholarship on early modern medical texts in the French vernacular is mostly concerned with cultural, historical or epistemological questions, but lacks attention to rhetorical and stylistic strategies, especially strategies of authority-building. Reading these texts from a literary perspective, I take these rhetorical negotiations as a point of departure and map out the different rhetorical strategies used by male surgeons to establish their medical authority. I demonstrate that not only did emerging male-midwives resort to literary tropes and narratives in order to fashion themselves as full-fledged, legitimized practitioners

of women's health care, but they did so by upstaging traditional midwives, thus marking a shift in the gendering of medical knowledge. This is particularly striking in what can be seen as the obligatory passage on death in childbirth: whether it was a natural complication of pregnancy or the result of the ignorance of midwives or the negligence of surgeons, maternal death was frequent in the early modern period. In the "literary genre" of medical texts, these scenes become a necessary demonstration of professionalism and public reassurance.

This chapter therefore investigates the politics of self-representation and self-fashioning in early modern French medical treatises on childbirth. Examining first-person narratives in the works of emerging male-midwives Jacques Duval and François Mauriceau as well as those of Louise Boursier Bourgeois, midwife to Marie de' Medici and the first Frenchwoman to write a medical text, I interrogate the reasons for their unusual staging of the self and argue that for these medical practitioners, making fragments of their lives public equates with *publicizing* or *advertizing* their authority. Because this literary practice is concomitant with an important institutional and epistemological shift in the early modern medical world, as surgeons made every effort to replace midwives in the birthing chamber, I demonstrate how these surgeons construct themselves as the solitary authority figures of a scene which traditionally gathered relatives, matrons and friends around the woman in labor. Analyzing Duval's and Mauriceau's writings in light of

the rhetorical trope of *dilatatio*, I argue that it is by various acts of dilation, delay, dispersal and deferral that all these authors intend to inflate the personal within the medical, in the hope of legitimizing, promoting or defending their position as medical authorities. In the first two case studies, I demonstrate that this expansiveness cannot be reduced to a pure exercise in *copia*, the “abundant style” theorized by Renaissance scholar Erasmus, according to whom “the first method of enriching what one has to say on any subject is to take something that can be expressed in brief and general terms, and expand it and separate it into its constituent parts.”¹⁹¹ More than this, the act of dilating – textually, discursively – here rewrites the bodily representation of the pregnant women into a staged event in which men come to the fore, replacing the women’s physical enlargement with their own textual, discursive and political expansion. The fact that this most commonly happens through the use of an autobiographical narrative reveals the political turn in Duval’s and Mauriceau’s endeavor: robbing women of their bodily experience (their bodies become objects of medical inquiry,) of their subjectivity (there is no mention of their perception of the event,) of their agency (they are reduced to case studies,) and of any possibility of self-representation, male-midwives take center stage and force their personal experience onto the event.

¹⁹¹ Erasmus, *De Utraque Verborum ac Rerum Copia*, in *Collected Works of Erasmus*, Ed. Craig R. Thompson, Brian McGregor, and Betty I. Knott, Toronto: University of Toronto Press, 1978, 572.

These dilatory practices strengthen the surgeons' appeal to the reader's emotions, thereby cloaking the event in *pathos* and presenting a single-dimensional approach to childbirth. Ultimately, under the guise of a gripping narrative that unfolds like Racinian drama, they ensure the proliferation of a carefully crafted discourse on women's bodies: an authoritative new medical discourse grounded in anatomical knowledge, which claimed to guarantee the safe delivery of children and good health of mothers if and only if total access and freedom of movement was given to these surgeons. In other words, emerging male-midwives promised better-monitored deliveries in exchange for full control over women's bodies. The replacement of midwives with male-midwives and consequent policing of pregnant bodies has been the subject of several excellent historical studies published in France, in the United Kingdom and in the United States in the past forty years, as feminism fruitfully intersected with the history of early modern science.¹⁹² My

¹⁹² See Susan Broomhall, *Women's Medical Work in Early Modern France*, Manchester Univ. Press, 2011; Susan Broomhall and Jacqueline Van Gent, *Governing Masculinities in the Early Modern Period: Regulating Selves and Others*, London; New York: Routledge, 2016; Jacques Gélis, *History of Childbirth : Fertility, Pregnancy, and Birth in Early Modern Europe*, Boston: Northeastern University Press, 1991; Jacques Gélis, Marie-France Morel and Mireille Laget, *Entrer dans la vie: naissances et enfances dans la France traditionnelle*, Paris: Gallimard-Julliard, 1978; Monica H. Green, *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology*, Oxford; New York: Oxford University Press, 2009; Eve Keller, *Generating Bodies and Gendered Selves: The Rhetoric of Reproduction in Early Modern England*, Seattle: Univ Of Washington Pr, 2007; Yvonne Knibiehler and Catherine Fouquet, *La Femme et les Médecins: Analyse Historique*, Paris: Hachette, 1983; Mireille Laget, *Naissances: L'Accouchement avant l'Age de la Clinique*, Paris: Le Seuil, 1982; Alison Klairmont Lingo, "Empirics and Charlatans in Early Modern France: The Genesis of the Classification of the 'Other' in Medical Practice," *Journal of Social History* 19 (1986): 583–603; Lianne McTavish, *Childbirth and the Display of Authority in Early Modern France*. Burlington, Vt.: Ashgate, 2004;

goal, however, is not to tackle the issue from a historical angle: it is to identify and analyze the rhetorical strategies used by medical practitioners to legitimize their access to female bodies.

My two first case studies demonstrate how Jacques Duval and François Mauriceau, in framing the scene as a genuine autobiographical narrative of personal loss, craft a staged paralysis which allows for narrative delays and personal expansion within the passage while capitalizing on the inherent drama of the woman's ordeal. By contrast, my analysis of Louise Boursier Bourgeois outlines how the queen's midwife subordinates the drama of self-fashioning to the defense of her trade. In her pursuit of legitimacy, she demonstrates a firm command of style and calls upon the authority of books as well as experience to validate her personal narrative.

Jacques Duval: Pathos and Promotion

Wendy Perkins, *Midwifery and Medicine in Early Modern France: Louise Bourgeois*. Exeter, Devon, UK: University of Exeter Press, 1996; Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660-1770*. London: UCL Press, 1995; Valerie Worth Stylianou, *Les traités d'obstétrique en langue française au seuil de la modernité: bibliographie critique des Divers travaux d'Euchaire Rösslin (1536) à l'Apologie de Louyse Bourgeois sage femme (1627)*. Genève: Librairie Droz, 2007; Valerie Worth-Stylianou, *Pregnancy and Birth in Early Modern France: Treatises by Caring Physicians and Surgeons (1581-1625)*. Toronto : Centre for Reformation and Renaissance Studies, 2014.

If Jacques Duval's treatise, published in 1612, has garnered the attention of Renaissance scholars such as Lorraine Daston and Katharine Park, Stephen Greenblatt or Kathleen Long,¹⁹³ it is for its account of the case of Marie/Marin le Marcis, a hermaphrodite Duval saved from a most certain death by performing what Michel Foucault claims to be the first genital auscultation with a detailed description of an individual's reproductive organs.¹⁹⁴ While it is true that the treatise's title, *Des hermaphrodits, accouchemens des femmes, et traitement qui est requis pour les relever en santé, & bien élever leurs enfans* [*On hermaphrodites, childbirth, and the treatment that is required to return women to health and to raise their children well...*]¹⁹⁵ brandishes the term *hermaphrodit*, thereby situating the book in the legacy of Ambroise Paré's work on monsters and prodigies, it also establishes Duval's book as a real treatise on childbirth and female anatomy.

Announcing a combination of pragmatic and poetic approaches to generation, it makes use of the scandalizing overtones of *hermaphrodit*, a symbol of ambiguity,

¹⁹³ See Lorraine Daston and Katharine Park, "The Hermaphrodite and the Orders of Nature: Sexual Ambiguity in Early Modern France," *Gay and Lesbian Quaterly*. 1 (1995): 419-38; Katharine Park, "The Rediscovery of the Clitoris" in David Hillman and Carla Mazzio, *The Body in Parts: Fantasies of Corporeality in Early Modern Europe*. New York: Routledge, 1997, esp. 179-184; Stephen Greenblatt, *Shakespearean Negotiations: the Circulation of Social Energy In Renaissance England*, Berkeley: University of California Press, 1988, 66-93; Kathleen P. Long, *Hermaphrodites in Renaissance Europe*. Aldershot, England: Ashgate, 2006.

¹⁹⁴ Michel Foucault, *Les Anormaux. Cours au Collège de France (1974-1975)*. Paris: Gallimard, 1999, 65. Michel Foucault, *Abnormal: Lectures At the Collège De France, 1974-1975*. New York: Picador, 2003.

¹⁹⁵ Jacques Duval, *Des Hermaphrodits, Accouchemens Des Femmes, Et Traitement Qui Est Requis Pour Les Relever En Santé, & Bien Élever Leurs Enfans*. Rouen: David Geuffroy, 1612. I am referring to the 1612 edition digitized by the Bibliothèque Nationale de France. All translations are my own.

disruptive sexuality, and institutional instability that was widely used in political pamphlets during the wars of Religion, in particular against Henry III and his court favorites, the effeminate “mignons.”¹⁹⁶ Although hermaphrodites do find their place in the book, Duval readily admits that they are not his main object of study. An amusing interlude as well as a convincing legal case, they are used to draw the attention of midwives to the much more serious issue of childbirth:

Si donc recreant & delectant la pensée des hommes, (quoi que ce ne soit mon but principal) par l'exposé des richesses viriles [...]: j'elevé tellement la pensée de celles qui se disent obstetrices & matrones [...] qu'elles puissent vrayment estre rendues sages femmes, dont le monde a tant besoin. (Avertissement au lecteur)

In amusing & delighting the thoughts of men (though that is not my main goal) by the display of male richness [...]: I raise the thoughts of those who call themselves midwives and matrons [...] so that they can truly be made wise women [midwives], of whom the world has so much need. (Notice to the reader)

In spite of the rather important body of scholarship on Duval's hermaphrodites, which has confined Duval's book to cultural and gender studies, there should be no mistaking the primary goal of this text: writing about the reproductive body, for a

¹⁹⁶ Long, *Hermaphrodites in Renaissance Europe*, 200.

surgeon in Duval's time, was the most rapid route to gaining access to these bodies. In fact, capitalizing on the public's fascination with hermaphrodites as well as on the dreadful reputation of midwives seemed like an excellent way for a provincial surgeon to make a name for himself. The controversy surrounding the case of Marin/Marie Le Marcis, which opposed Duval to the prestigious Parisian physician Jean Riolan, did not fail to attract attention and ascertain Duval's more progressive approach to medicine. Along the same lines, Duval would most likely have capitalized on the public's desire to read his treatise as a licentious text, whether that was his intention or not. In an article on the ambiguity of prudishness in medical discourse, Dominique Brancher questions the motives of medical authors such as Duval:

De fait, l'auteur médical a beau jeu de refuser à son lecteur les équivoques de l'interprétation, alors que c'est l'ambiguïté de son écriture qui la nourrit. Marquée par une indétermination aussi bien générique qu'énonciative, sa prose apparaît tiraillée entre des objectifs potentiellement contradictoires: peut-elle se trouver à la fois rhétoriquement efficace, moralement vertueuse, et scientifiquement rigoureuse?¹⁹⁷

¹⁹⁷ Dominique Brancher, "Les Ambiguïtés De La Pudeur Dans Le Discours Médical (1570-1620)." *Cahiers De L'Association Internationale Des Études Françaises*. (2003): 275-297, 276 (my translation).

In fact, medical authors can only pretend to refuse their readers the equivocations of interpretation, when their writing is precisely replete with ambiguity. Marked by an indetermination that is both generic and enunciative, their prose appears torn between potentially contradictory objectives: can it be rhetorically efficient, morally virtuous, and scientifically rigorous at the same time?

Indeed, the surgeon's discourse is complex and several voices merge into that of the author. Simultaneously medical practitioner, writer, moral philosopher, theologian and parent, male observer and caretaker of the female body, wouldn't Duval also benefit from being the author of obscene or dreadful tales? After drawing on the public's interest in prodigies, Duval takes advantage of the theatricality and drama surrounding the passage on maternal death. Consequently, Duval resorts to different variations of the same marketing strategy: his exploitation of the marvelous, in the form of hermaphrodites, is recycled in his exploitation of the dreadful, finding a perfect rhetorical hook in his chapter on... hooks.

Indeed, Duval naturally links the end of a chapter in which he discusses the use of surgical instruments to the story of his wife, whose painful labor and death, he argues, could easily have been avoided, had he been allowed to perform a C-section. In order to prove his point, Duval decides to frame this obligatory passage on death in childbirth, the most likely to make a lasting impression on his readers, as the worst scenario one could possibly imagine – his own wife dying from blood

loss after his own child was pulled out, dead, by a metal hook. While Duval writes most of his treatise in the future tense, giving practical advice for how midwives and surgeons ought to react in a given situation, the narrative of his wife's death, however, takes a much more personal turn:

Voilà la forme qui fut tenue en l'an 1581 à l'éducation de mon enfant, lequel fut tiré mort du corps d'Anne Le Marchant, ma première femme, après qu'elle eut supporté un laborieux et cruel travail, par l'espace de quatre jours continus, sans avoir intermission quelconque, tant de jour que de nuit. (216)

This is what happened to my child in the year 1581, when he was pulled dead from the body of Anne Le Marchant, my first wife, after she had undergone a difficult and cruel labor, in the space of four continuous days, without intermission, day or night.

The intrusion of autobiographical writing immediately re-humanizes the technical discourse on bodies, by giving a name ("Anne Le Marchant,") a personal connection ("ma première femme" ["my first wife"]), and a temporal inscription ("1581.") This anchor in real life creates a strong emotional charge: it is as if the surgeon, suddenly revealing himself as a husband, steps down from his medical pedestal and helplessly watches the terrible scene, siding with his wife and child against the surgeons. Because it is so unexpectedly charged with affect, this

fragment seems to serve the purpose of a trauma narrative: in an attempt to go back to the site of the trauma, Duval acts like he is desperately trying to pinpoint the exact moment when a better medical decision could have changed the story. Since going back in time is not an option, making a strong case for the C-section might help save women in the future and heal the wound. For himself and for his wide audience, Duval can then turn his narrative into an exemplary story. This apparent gesture of care, however, is complicated by Duval's insistence on blaming the death of his wife on her family's reluctance to listen to him. Blame narratives abound in early modern medical treatises, and, as Lianne McTavish explains, they point to the "precarious position" of medical practitioners, whose reputation determined whether or not they would be granted access to female bodies.¹⁹⁸ But Duval's account here is not concerned with the usual *topos* of blaming ignorant midwives, as this issue has been addressed early on in his treatise by speaking to them from a position of authority, and is simply evacuated here by effacing midwives from the scene. The goal of this narrative is, instead, to clear his name while showcasing his advanced understanding of medicine. What looked like a trauma narrative reveals itself as an artful demonstration of *pathos* – a cunning strategy to get the reader's attention, sympathy, and consideration.

¹⁹⁸ Lianne McTavish, "Blame and Vindication in the Early Modern Birthing Chamber." *Medical History*. 50.4 (2006): 447-464, 447.

Pathos, however, as Duval himself would have known from Aristotle, is nothing without ethos and logos. Staging the death of his own wife, the surgeon crafts an unusual account of personal desolation, logical reasoning, and medical credibility – in other words, a rhetorical tour de force. Breaking with his habit of describing general situations in the future tense, he starts describing this particular and personal scene in the past tense, noting that the baby's head is too large, and that the mother's body is irreparably damaged:

La mere avoit esté blessée sur l'os sacré, de telle sorte que les os des
iles ne s'en pouvoient en façon quelconque séparer. (216)

The mother's sacrum was so damaged that the iliac bones could not be
in any way separated.

Having established that the mother's body is unfit for vaginal birth, he goes on to support the C-section, claiming that he has seen his own father perform this unusual procedure in similar cases:

Suivant ce que je l'avois veu deux fois pratique en pareil cas sous
Monsieur Duval, mon père, Docteur en Médecine. (217)

After what I had seen in two similar cases under my father, Monsieur
Duval, medical doctor.

Ultimately, enraged by the stubborn resistance of his wife's parents, who strongly oppose this practice because it is still unknown in their village, Duval underlines their ignorance and culpability:

Et prenoient prétexte de refuser cette opération en leur fille, de ce qu'ils n'avoient ouy parler que cela eust encor esté pratiqué à Louviers, où pour lors j'estois demeurant. (217)

Their pretext for refusing to perform this operation on their daughter was that they had never heard of such a practice in Louviers, where I was living.

Visuality is prevalent in Duval's account: he relies on his sight for medical truth (he can *see* that the baby's head is too large and the bones are damaged, he trusts he can reproduce what he has *seen* his father do in the past) to the point that he feels certain he can perform the surgery without previous experience. This lack of experience is caused, in part, by Duval's status as a surgeon, which did not grant him direct access to women's bodies: only midwives could gain empirical knowledge through touching. Thus, the visual politics in Duval stems from a drive for knowledge, an urge to uncover the truth, which is intimately linked to a desire

to publicize, to make the surgeon's reputation visible, ultimately eclipsing midwives in the room.

Duval's approach is consistent with what Jonathan Sawday calls the "culture of dissection," transposed in his treatise to (mostly) living bodies. The attributes of this culture, Sawday notes, were "the mirror and the knife,"¹⁹⁹ which are precisely the tools required by the surgeon in case of problematic birth. Opening the female body to the male gaze, the speculum and the scalpel offer male-midwives the possibility to access the hidden truth of the womb and to turn it into a material object of study. In the process of anatomization, the body no longer appears as a surface, but as layers of skin that the surgeon can lift, one after the other, revealing the mystery of sexuality and life, which, as Katharine Park points out, were "embodied in the female organs of generation, [and] stood for the most difficult and inaccessible of the body's truths."²⁰⁰ But where Sawday mainly construes the culture of dissection as a "network of practices, social structures and rituals" surrounding "a production of fragmented bodies"²⁰¹ and encouraging surveillance of said bodies, Duval's writing complicates the representation of the early modern surgeon by moving from vision to touch, and from the visibility of the woman's body to the visibility of the surgeon's work. While most case studies in his book

¹⁹⁹ Jonathan Sawday, *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture*, London: Routledge, 1995, 3.

²⁰⁰ Katharine Park, *Secrets of Women: Gender, Generation, and the Origins of Human Dissection*. New York: Zone Books, 2006, 248.

²⁰¹ Sawday, *The Body Emblazoned*, 2.

are concerned with the visual mapping and the partitioning of the female body, Duval reconfigures the obligatory passage on death in childbirth by fashioning himself as the central figure in an unfolding drama: mirroring his own personal grief, the first-person narrative quickly shifts from being a specular text to a spectacular one, making use of a medical tragedy in the interest of rendering the medical practitioner more humane, noticeable, and memorable.

Although the passage itself does not exceed two pages, a constant rhetorical slippage takes place: from her status as Duval's wife, the woman is first reduced to being a mother, then a skeleton -nothing more than a broken sacrum and damaged iliac bones. While these bones are reduced to nothing, Duval takes center stage: the kind, empathetic husband who had been standing by his dying wife, textually attached to her by possessive pronouns, smoothly morphs into a well-educated, well-trained doctor, whose medical competence, he claims, was recognized from a very young age by his own father, also a doctor. The use of the amplificatory trope named *dilatatio*, which was often associated with pregnant women in the early modern period because it conveyed the image of a growing womb and the generation of children, enlarges Duval's narrative while fixing it in a troubled sense of time. As Patricia Parker explains, "the specifically rhetorical meaning of 'dilate' – the amplifying and prolonging of discourse – involves both an expansion and an opening up, the creation of more copious speech through the explication, or

unfolding, of a brief or closed, hermetic ‘sentence,’ widening the space between its beginning and ending and generating much out of little, many words (or things) where there had been few.”²⁰² Generating text and affect out of a rather short description, Duval projects an aggrandized image of himself. The family narrative suddenly shifts: against the irresponsibility of his wife’s parents, Duval invokes the protection of his own late father. In response to the death of his child, Duval mentions his own childhood. Both time and reality seem affected by the tragedy: past memories compensate for the present loss, bodies of text continues to expand well beyond the case study of a dead mother and her child. Duval’s presence in the birthing room is now legitimized by his personal connection to the parturient mother and by his display of medical knowledge. Presenting himself as a reliable, quick-thinking, and rational medical practitioner, Duval guards against the stigma of debauchery traditionally associated with men attending to pregnant women and thereby cements the position of the surgeon in this context. Here, the surgeon takes up all the space in the birthing chamber: there is no room left either for a midwife or for another surgeon; the opinion of the father, who, as an apothecary, would be Duval’s equal on the hierarchical ladder,²⁰³ is completely disqualified. Taking

²⁰² Patricia Parker, “Dilation and Delay: Renaissance Matrices,” *Poetics Today*. 5.3 (1984): 519-535, 520.

²⁰³ See Susan Broomhall, *Women’s Medical Work*, 28 : “Apothecaries enjoyed public esteem for their medical services as did barbers and surgeons. [...] Although they did not suffer from quite the same stigma of manual labour as did barbers, they too had insecurities about the status of their medical work for other reasons.” A licensed apothecary was authorized to prepare the

center stage in his personal narrative, Duval effaces all other medical practitioners. This elaborate staging of the self is revealed, if not emphasized, in the marginal annotations that condense each paragraph into a one-sentence summary: dispassionate comments such as “operation faite sur la femme de l’auteur” [“operation on the author’s wife”] or “experience de l’auteur” [“author’s experience”] (216) underline the divide between the surgeon and his scientific object while forcibly inserting the autobiographical fragment within the medical discourse. This double treatment -staging the death of his wife in a deeply moving narrative while dissecting her body in the body of the text; giving her a name while pushing her back into anonymity in the margins (“author’s wife”)- exemplifies the surgeon’s double gesture of care and self-promotion: by presenting his impeccable ethos in a powerful pathetic narrative, Duval capitalizes on the empathy for the dying woman, thereby making *himself* visible in the medical world.

François Mauriceau: Dilation, Delay, and Deferral

recipes prescribed by physicians. Consequently, they had to clarify their status as medical rather than mercantile professionals, and distance themselves from grocers and spicers.

François Mauriceau's *Traité des Maladies des femmes grosses...* [*Treatise on the Diseases of Women with Child...*],²⁰⁴ first published in 1668, illuminates the organizing and rationalizing aspects of this epistemological shift in the second part of the seventeenth century. Explicitly calling his text a *Traité* ["Treatise"], Mauriceau counts on the quality of his engravings to draw the public in (*Le tout accompagné de plusieurs belles figures en taille douce, nouvellement & fort correctement gravées*, ["Accompanied by several beautiful engravings, recently and very well executed"]). Whether these engravings were meant to be pedagogical, or to please the salacious eye of some readers, Mauriceau makes them out to be artistic and expensive-looking in the hope of avoiding moral censorship. High-quality copper engravings, rather than poorly executed woodprints, turned a book into a work of art, an object that could be collected or perused with pleasure instead of being labeled licentious. Mauriceau could not afford to have his treatise thrown into the gutter: the dedicatory epistle, madrigals and foreword, along with his own wealth of precautions, ensured that the book would be widely distributed and read. But read by whom? Mauriceau pedantically announces in the title that his work will be very useful to surgeons (*Ouvrage très utile aux chirurgiens*) and

²⁰⁴ François Mauriceau, *Traité Des Maladies Des Femmes Grosses: Et De Celles Qui Sont Accouchées, Le tout accompagné de plusieurs belles figures en taille douce, nouvellement & fort correctement gravées* [*Treatise on the Diseases of Women with Child, Accompanied by several beautiful engravings, recently and very well executed*] Paris: Coignard, 1668. I am referring to the 1668 edition digitized by the Bibliothèque Nationale de France. Since Hugh Chamberlen's translation, published in London in 1672, is considerably dated and incomplete, all translations here are my own.

necessary to all midwives (*nécessaire à toutes les sages-femmes*) when learning how to practice the art of childbirth (*pour apprendre à bien pratiquer l'art des accouchemens*). This claim, made in the historical and institutional context of power relations in the medical world, reactivates and reinforces the gap between the statuses of physicians, surgeons, and midwives. Although a surgeon himself, Mauriceau usurps the place of the university-trained physician by speaking authoritatively to other surgeons and condescendingly to midwives. The title also indicates Mauriceau's ardent wish to become a leading figure in obstetrics, presenting him as a guide to surgeons, a master to midwives, and, as it will appear throughout his text, a savior to women and their families.

Placing himself under the patronage of the great sixteenth-century anatomist Jean Fernel, Mauriceau begins with a textual and visual presentation on female anatomy, which he deems crucial to the understanding of his teachings:

A l'exemple de Fernel qui défend la lecture de ses oeuvres aux ignorants de l'Anatomie, je diray qu'il est impossible de bien concevoir toutes les choses que je pretens enseigner ci-apres, si on ne connoist parfaitement ces parties. (1)

Like Fernel who forbids those ignorant of anatomy to read his works, I will say that it is impossible to comprehend all the things that I teach below if one does not perfectly understand these parts.

His study moves from the top to the bottom of the body, and from the exterior to the interior of the matrix, following the anatomical precept *a capite ad calcem* (from head to heels.)²⁰⁵ While Mauriceau's stern tone seems to indicate that lay readers are not welcome, they are nevertheless given the anatomical keys to access the remainder of the treatise. Presenting the reader with meticulous descriptions of problematic events such as breech delivery or tubal pregnancy, Mauriceau occasionally offers personal stories in order to illustrate his point. The most striking example appears in a chapter entitled "Du flux ou de la perte de sang" [On flux or the loss of blood]. As he is making general statements on benign and life-threatening symptoms in his usual way, going back and forth between technical terminology and Latin citations, he suddenly announces that he will educate the reader by telling the story of his sister, who died three years earlier. This long chapter consequently veers from medical analysis towards a personal narrative with distinct dramatic overtones. Blood is no longer the symptom of a maternal body in distress: it becomes the matter of the text itself. In fact, Mauriceau's memory of the scene is so painful, he writes, that the ink he is using looks like blood to him:

²⁰⁵ Rafael Mandressi offers a thorough presentation of early modern European anatomists' practices and theories in *Le Regard De l'Anatomiste: Dissections Et Invention Du Corps En Occident*, Paris: Editions du Seuil, 2003.

J'en feray recit d'une entr'autres, dont le ressouvenir m'est si pénible,
que l'ancre avec laquelle je l'écris maintenant [...] me semble estre du
sang. (162)

I will recount one story of many, whose painful memory makes the ink
with which I now write seem like blood.

Mauriceau does not conceal the fact that he is narrating a story (“j'en feray recit,”) and does not hesitate to heighten the interest of the tale through narrative twists and turns that build suspense over the course of several pages. In fact, the tragic drama unfolds like a Racinian play: setting the scene at his sister's house, the author organizes the sequence of events around the poor woman's labor and tracks her decline throughout the day, thereby mirroring the three classical unities of space, action, and time. But time is constantly fractured by the comings and goings of medical practitioners, who all seem to postpone taking action: the midwife waits too long before calling a surgeon; the surgeon declares that the woman cannot be saved and leaves her to die; Mauriceau is not notified of his sister's agony until the end of the day. Although not physically present in the room during most of the scene, Mauriceau assumes the position of an omniscient narrator: his assertions swiftly move from *indubitably saved* (“indubitablement sauvé la vie”) and *doubtless saved* (“sans doute sauvé la vie”) to admitting that she is in greater peril now than two or three hours earlier, which could have been avoided by delivering

her when there was still time to do it. In fact, the text builds to a dramatic crescendo as the blood drips in ever-increasing quantities from the woman's body, and the wait for Mauriceau's appearance in the birthing chamber is synchronized with the sister's increasing blood-loss.

[Le chirurgien] laissa en déplorable état & sans aucun secours cette jeune femme, à qui il eut *indubitablement sauvé* la vie, & à son enfant, s'il l'eût accouchée en ce temps, ce qui estoit assez facile. [...] Lequel sang restant en son corps, si elle eût esté accouchée en ce temps, luy auroit *sans doute sauvé la vie*. [...] Elle n'estoit encore en bien plus grand péril qu'elle n'auroit esté, si on n'eût pas laissé l'occasion de l'accoucher deux ou trois heures avant, comme il estoit possible & facile. [...] Il lui estoit assurément facile de l'accoucher en ce temps. (160-163, my emphases)

[The surgeon] left in a deplorable state and without any assistance this young woman, whose life he would *indubitably* had saved, & her child's, had he delivered her at that time, which was fairly easy. [...] Which remaining blood in her body, had she been delivered at that time, would *doubtless* had saved her life. [...] She was in greater peril than she would have been, had one not missed the opportunity to deliver her two or three hours earlier, as it was possible and easy. [...] It was assuredly easy for him to deliver her at that time.

The procedure, Mauriceau reiterates on multiple occasions, was easy (“facile,”) but his renowned colleague fled the scene for fear of being held responsible for the death of the woman. Mauriceau clears his name and conscience by placing his own arrival in a specific period of time, at the end of his day’s work, when the number of bloodstained cloths on the floor unequivocally signals imminent death:

Elle avait perdu sans exagérer vingt palettes de sang dont quatre ou cinq auroient esté suffisantes pour la faire échapper. (163)

She had lost at least twenty buckets of blood, four or five of which would have been enough to let her live.

As in Duval’s account, the extended wait and the excess of blood are described in the rhetoric of profusion known as *dilatatio*, which was often associated with pregnant women in the early modern period because it conveyed the image of a growing womb and the generation of children. But, “to dilate,” as Patricia Parker argues in *Literary Fat Ladies*, “comes to us from the same Latin root as Derrida’s ‘différance’ and involves – commonly throughout Renaissance usage in several languages – that term’s curious combination of difference and deferral, dilation, expansion, or dispersal in space but also postponement in time.”²⁰⁶ Mauriceau’s

²⁰⁶ Patricia Parker, *Literary Fat Ladies: Rhetoric, Gender, Property*, London: Methuen, 1987, 9.

protracted description of his sister's ordeal follows the flow of blood but is constantly halted by the poor choices of the midwife and the surgeon, whom he feels entitled to blame publicly in a detailed digression.

Je veux au sujet de cette lamentable histoire (afin qu'on s'en donne de garde en pareille rencontre) examiner par manière de digression, quel pouvoit estre le motif du procédé de ce Chirurgien, qui est aussi celuy de quelques autres de telle nature. (166-167)

Regarding this lamentable story, and in order to avoid similar events, I want to examine, by way of a digression, what motive could lead this Surgeon to proceed as he did, and as others proceed in similar fashion.

Mauriceau pretends to analyze the reasons behind the surgeon's decision to leave the young woman to die, finally setting the "bad politics" of the other surgeon against his own valor:

Mais si ce ne fut ny par ignorance, ny par malice, il est tres-facile à reconnoître que ce fut par une damnable Politique, que quelques gens qualifient de prudence. (167)

Since it was neither ignorance nor malice, it is very easy to see that it was damnable politics, which some people call caution.

While this discursive detour acts as a dilatory pocket, slowing down the pace of the narrative, it also expands Mauriceau's medical presence and expertise to the point of nearly eclipsing the dying sister. Mauriceau's political motive then becomes apparent: this impassioned story is in fact another stance on the two most prominent *topoi* in medical writing, the ignorant midwife and the unprofessional surgeon. Pitting them against each other in the context of this personal narrative, Mauriceau can distinguish himself from his incompetent colleagues. Speaking as a concerned brother, a victim of their irresponsible behaviors, his public image remains untarnished.

During the whole narrative, the story is at the same time accelerated by the profusion of blood and delayed by the successive waiting periods, therefore deferring the moment (and the meaning) of death in childbirth in a never-ending chain of signifiers. Although every detail leads to the moment of death, which has been announced in advance, death does not occur in the narrative: it is drowned in blood and erased by being endlessly deferred. Thus, Mauriceau does not only adhere to the three unities (time, space, and action) that make up the codes of seventeenth-century drama, but the rule of decorum is also entirely respected, as is verisimilitude, through an abundance of details. Ultimately, the grief-stricken hero engages in rhetorical retaliation in this "pitoyable et fatale occasion" ["pitiful and fatal event"] (159), but no one dies on stage. Like a Racinian hero, Mauriceau

blames his passions for his clouded judgment, while defying fate: had he been called in the first place, instead of a midwife or an incompetent colleague, *he* would undoubtedly have saved his sister. In other words, were the art of obstetrics established as a science, and placed in the hands of a capable surgeon like him, the fate of powerless, abandoned women in labor could finally be rewritten with a happy ending.

The general theatrical aspect of the scene illustrates the surgeons' anxiety around childbirth: the visibility they actively sought could easily turn into a public trial, or at least a trial in the court of public opinion. Along the same lines, what the emphasis on ignorance reveals is the question of authority in the birthing chamber, and ultimately, control over the unruly bodies of pregnant women. By repeatedly urging his readers to send for a qualified surgeon as soon as complications appear, Mauriceau does not solely speak out of concern for his sister and other pregnant women: he establishes the superiority of surgeons over midwives, and the reliability of an empathic surgeon like himself over any of his colleagues.

This unusual literary narrative, purposely placed among technical descriptions of medical procedures, is of course reminiscent of Duval's in its artful use of *pathos* and *ethos* in the staging of the dying woman. Mauriceau's helplessness and anger transform the surgeon into a loving brother, appealing once again to the audience's family values and feelings. The case Mauriceau makes here

against the ignorance of midwives and the bad politics of other surgeons follows the same pattern as Duval's case against the ignorance of parents and his defense of the C-section. Both Duval and Mauriceau argue that in a time-sensitive situation such as problematic childbirth, midwives will not be of much help, and only highly qualified surgeons – like them – possess the skills, the experience, and the self-control to save the mother from a certain death. Also, because they *care* so much, they will never run away from their duty. In offering themselves as living examples, Duval and Mauriceau use the surface of their own bodies – or rather, an extension of their bodies in the form of their respective wife and sister –, staging their own family dramas in compelling stories of life and death.

Ultimately, scenes of death in childbirth offer surgeons the perfect opportunity to revamp their public image. Far from simply illustrating a point in a medical treatise, these literary passages validate their author's medical discourse and raise the surgeons to the rank of heroes. By resorting to traditional rhetorical artifices or mimicking classical French drama, these emerging male-midwives make use of the literary codes of their time to establish their medical authority.

Louise Bourgeois: Self-Promotion and Self-Defense

Louise Bourgeois, in contrast, never seems to resort to amplificatory rhetorical tropes. Unlike Duval or Mauriceau, whose seemingly objective tone lapses into a dramatic rendering of personal loss, Bourgeois maintains a subtle balance between medical and empirical knowledge. That is not to say, however, that her books are not rhetorical constructs. Following a narrative thread from preconception to birth, her *Observations diverses sur la stérilité, perte de fruits, foecondité, accouchements et maladies des femmes et enfants nouveau-naiz* [*Diverse observations on sterility, loss of fruit, fecundity, childbirth, and women's and children's diseases*]²⁰⁷ is a collection of first-person accounts peppered with personal comments, suggestions and recipes for ointments. In keeping with the medical genre of *Observations*, Louise Bourgeois offers to look at a vast range of case studies, and prioritizes experience-based over theoretical knowledge, practice over gloss, care over cure. To observe is to pay attention, it is an intellectual process that involves devoting one's time and thoughts to a single object of study for an extended period of time, and as such, is a gesture of scrutiny, but also of

²⁰⁷ Louise Bourgeois, *Observations Diverses Sur La Sterilité Perte De Fruit Fœcondite Accouchements Et Maladies Des Femmes Et Enfants Nouveaux Naiz: Amplement Traictees Et Heureusement Practiquees*. Paris: Melchior Mondière, 1626. I am referring here to the édition digitized by the Bibliothèque Nationale de France.

care. While *observations* as a genre originated from epistolary consultations,²⁰⁸ Louise Bourgeois makes it clear that all her case studies are first-hand accounts. She thus demonstrates that she is the only known midwife of her time to venture into the realm of anatomy and physiology. She has in fact benefited from the medical knowledge of her husband, Martin Boursier, an army surgeon who had studied with Ambroise Paré for twenty years, but her book also reveals an extensive reading of the classics. For example, her repetitive use of the verb “vouloir” [to want] and reflexive forms show that, like Hippocrates, she believed the uterus had a will of its own and could move about freely in the womb. She also followed Galen in the view that the woman had her own seed and therefore played an active part in reproduction. Bourgeois’s representation of the female body is that of a living, feeling, active body, while her male peers depict their relatives as passive, voiceless and helpless figures. Her *Observations* are thus informed by her personal practice and illustrated by numerous examples of women in various situations. She systematically insists on the veracity of her descriptions,²⁰⁹ which take into account “a version of a client’s condition in conjunction with her own

²⁰⁸ See Joël Coste, “Histoire de la médecine: maladies, malades, praticiens,” *Annuaire de l’École pratique des hautes études (EPHE), Section des sciences historiques et philologiques*, n°139, 2008, 310-312.

²⁰⁹ There is only one second-hand story in the *Observations*: the story of a woman who breastfed a snake for several months which, she insists, she heard from a trustworthy man who had witnessed the scene (Chapter XLIX.)

independent observation or examination.”²¹⁰ Although autobiographical, these examples are treated with a certain distance, and aim at providing women with exemplary depictions of specific issues. Bourgeois’s *Fidelle Relation de l’Ouverture du Corps de Feu Madame*, however, shows a deeper engagement, an autobiographical narrative in the form of an impassioned defense speech.²¹¹

When Marie de Montpensier, known as “Madame,” sister-in-law to King Louis XIII, died shortly after giving birth in 1627, Louise Bourgeois was immediately blamed by a group of physicians in a public pamphlet. She responded to the attack in a long letter, in which the rivalry and the struggle for power between midwives and surgeons is made particularly clear. Giving a very detailed account of Madame’s poor health during her pregnancy, she points out that at least one surgeon and six physicians confirmed that the delivery had been perfectly handled. At the center of the debate is the afterbirth: the bloody placenta and fetal membranes that are discharged from the womb after the birth. As Kirk Read notes, it was “attached to womb, to woman, and to gender in a way that makes of this literary trope a singularly political organ: it nourishes, connects, and sustains life

²¹⁰ Wendy Perkins, *Midwifery and Medicine in Early Modern France: Louise Bourgeois*, 84.

²¹¹ Louise Bourgeois, *Recit Veritable De La Naissance De Messeigneurs Et Dames Les Enfants De France; Fidelle Relation De L'accouchement, Maladie Et Ouverture Du Corps De Feu Madame ; Suivie Du Rapport De L'ouverture Du Corps De Feu Madame ; Remonstrance a Madame Bourcier, Touchant Son Apologie*. Ed. François Rouget and Colette Winn, Geneva: Droz, 2000. All translations are my own.

just as it has the potential to take it away.”²¹² Described as dangerous and unnatural by Jacques Guillemeau,²¹³ “excrementiel” [excremential] and “a superfluité de matière” [a superfluity of matter] in the 1622 satire *Les Caquets de l’Accouchée*,²¹⁴ it was the midwife’s task to remove it. By contrast with male-midwives and popular discourse on the pregnant body, Louise Bourgeois underlines in her medical manual the utmost importance of the afterbirth. In particular, she stresses the expertise required to remove it properly and blames the surgeons for their carelessness:

Je les supplie de les tirer comme les sages-femmes avec patience, ou les laisser tirer à la sage-femme, pour le deschirement que j’ay veu aux arrirefaix que quelques Chirurgiens vont quérir: car ils les amènent en tel estat qu’ils sont effroyables à voir, il est impossible de juger s’ils sont entiers ou non, veu qu’ils sont tous desrompus... quelle assurance pouvez-vous avoir de la vue d’une femme voyant l’arrirefaix tout rompu?²¹⁵

²¹² Kirk Read, *Birthing Bodies in Early Modern France: Stories of Gender and Reproduction*, Farnham: Ashgate, 2011, 55.

²¹³ See Jacques Guillemeau, *De l’Heureux Accouchement des Femmes* [*On the Happy Delivery of Women*], Paris: Pacard, 1609, 217. “Or c’est chose certaine, qu’après que l’enfant est sorty du ventre de la mere, que ledit arrirefais est chose contre nature qui ne requiert sinon que d’estre osté” [It is a sure thing that after the child has come out of his mother’s womb, the afterbirth is unnatural and requires to be taken out]. For a more feminist take on the politics and poetics of the afterbirth and the placenta, see Hélène Rouch, “*Le Placenta comme Tiers*,” *Langages*, 21e year, n°85, 1987. p. 71-79.

²¹⁴ *Recueil Général des Caquets de l’Accouchée*, Troyes: Parre Piot, 1622.

²¹⁵ Bourgeois, *Observations*, I, 113 (my translation).

I beg them either to draw out the afterbirths patiently, as midwives do, or to let them be taken out by the midwife, because of the tearing of the afterbirths that I have seen, when some Surgeons try to locate it; they take the afterbirths out in such a state that they are frightful to see, it being impossible to judge if they are whole or not, since they are all cut up... How can you be sure the woman will live, when you see the afterbirth all torn up?

If anything, the last sentence of this passage clearly indicates Bourgeois's genuine interest in the well-being and good health of parturient mothers. But, according to the doctors who performed the autopsy on Madame de Montpensier and wrote the pamphlet, the afterbirth was not properly removed by the midwife. It is of course unusual that a midwife felt strong enough to respond directly to the attack. What is even more unusual in Louise Bourgeois's text is that she adopts a firm, if not aggressive tone and displays her complete mastery of the physicians' medical discourse, proving that she is not ignorant or inferior in any way, and asserting her role as a full-fledged practitioner in women's health. Her use of condescending expressions such as:

Vous sçauvez que la matrice d'une femme enceinte [...] Vous faictes assez cognoistre que vous n'entendez rien du tout en la cognoissance de l'arrière-faix et de la matrice d'une femme [...] Si vous estiez experimentez aux maladies des femmes accouchées... (101-106)

You will know that the womb of a pregnant woman [...] you claim that you have no knowledge at all of the afterbirth and the womb of a woman [...] if you had any experience in the maladies of newly delivered women...

reaffirm her familiarity with anatomy as well as the physicians' lack of empirical knowledge and intellectual rigor. The use of pronouns "vous" or "vostre" throughout the text enhances her admonishments, setting her apart while emphasizing her own "je":

Vous eussiez mieux couvert *vostre* finesse et si j'ose dire *vostre* malice [...] *Vous* prétendez [...] *Vous* deviez... (102, my emphases)

You should have hidden your assurance and if I dare say *your* malice [...] *You* pretend [...] *You* should have...

In fact, Bourgeois's own enunciation is synonymous with giving an account of the truth:

Je m'offre de le vérifier en l'hostel-Dieu sur le corps des femmes [...] *Je* m'assure que *je* seray renvoyée absoute et déchargée du blâme. (103, my emphases)

I offer to verify this, in the hospital, on the body of women [...] I am sure that I will go absolved and exculpated.

Although this text shares common traits with the letters of remission, which, as demonstrated by Natalie Zemon Davis in *Fiction in the Archives: Pardon Tales and their Tellers in Sixteenth Century France*, are a mixed genre of “judicial supplications to persuade the kings and courts, a historical account of one’s past actions, and a story,”²¹⁶ it is neither a pardon tale nor a contrivance, but a strong request for the truth. Judicial speech, Zemon Davis continues, requires artifice like the other kinds of oratory speeches,²¹⁷ but Bourgeois makes a convincing case based on exposing the artifice of others, pointing out the physicians’ narrow-mindedness, territoriality (“*vostre Maistre Galien*”) and use of opportunistic semantics to conveniently lay the blame on her.

Interestingly, she chooses to build her case on a reversal of the rhetorical structure commonly used in medical treatises, including in her own *Observations*: instead of using Madame’s story to illustrate her point, she makes Madame’s death the center of her argument. She organizes her discourse on three levels: first, she holds her ground in addressing the medical issue directly, proving that she is as

²¹⁶ Natalie Zemon Davis, *Fiction in the Archives: Pardon Tales and Their Tellers in Sixteenth-Century France*. Stanford: Stanford University Press, 1987, 4.

²¹⁷ Natalie Zemon Davis is drawing on the sixteenth-century rhetorician Daniel d’Augé’s analysis of Aristotle and referring to the deliberative, the demonstrative and the legal speeches.

educated as her accusers. At the same time, she counter-attacks by pointing out the limits of the physicians' knowledge. Finally, she establishes the prevalence of empirical knowledge of the female body over pure theory.

Unlike Duval and Mauriceau, there is no fictionalization of her narrative of Madame's death: instead of conjecturing on what could have happened, she gives a detailed description of symptoms and their medical interpretation:

Madame a tousjours eü un flux de ventre de bile porracée, verdaste,
tirant sur le noir, qui est un tesmoignage tres-certain d'une grande
chaleur et pourriture des entrailles (103)

Madame always had a diarrheal flow of leek-colored, green, blackish
bile, which certainly attests to how hot and rotten her entrails were.

Bourgeois gives a very precise account of Madame's physiological state, thereby precluding all attempts at transforming the object of her blame into something that it is not. Her pragmatic attention to detail, texture and color emphasizes her first-hand knowledge of women's bodies and sets it against the theoretical approach of physicians. The afterbirth, in particular, which was only handled by midwives, is described as "une chair mollasse, comme un sang caillé" (101, [soft morsel of skin, much like curdled blood]), making use of a simple metaphor, one born of a careful observation and regular handling of this crucial body part. Her use of the technical

term “vuidanges,” which is the process of emptying or evacuating liquid, such as the menses, to describe the blood dripping from the womb, bears no comparison with Mauriceau’s depiction of his sister losing “sans exagérer vingt palettes de sang” [at least twenty buckets of blood]] (163). In writing “les vuidanges coulants tousjours par les veines de la matrice, comme ils ont toujours flue à Madame” [the blood always flowing by the veins of the womb, as it always did for Madame] (101), Louise Bourgeois refers to Madame both in the past and in the present tense without dramatizing the moment of her death: as a young woman, Madame’s blood flowed correctly; as a dead woman, the blood is analyzed as being mixed with pus, which logically indicates gangrene. Louise Bourgeois’s accounts of Madame’s body and then corpse remain on a scientific and objective level in spite of the tragedy of her death. In contrast to Duval and Mauriceau, who yield to the temptation of dramatizing or fictionalizing their accounts through the use of repetition, exaggeration or strong imagery, Louise Bourgeois sticks to the facts:

Les vuidanges n’ont jamais été de mauvaise couleur, ny fetides. (106)

Her menses have never shown a bad color, or been fetid.

What is particularly interesting here is that, even in death, she describes Madame’s body with reference to her living body, focusing on normal functions. Duval and

Mauriceau, by contrast, reduce the living body of their relative to bones or buckets of blood, a long time before they actually ascertain their deaths. As in her medical manual, Bourgeois's descriptions are the result of a careful observation, a holistic approach that takes into account variations in texture, smell, and color. Blood is only mentioned here as an object of study, an indicator in a diagnosis.

Unfortunately, her analysis and self-defense were only met by another virulent attack, an anonymous letter attributed to Charles Guillemeau, son of well-known physician and author Jacques Guillemeau, which put an end to the debate and ruined her career. Michel Foucault's analysis of the procedures used for controlling discourses illuminates Bourgeois's eviction by the medical hierarchy:

Il existe, je crois, un troisième groupe de procédures qui permettent le contrôle des discours. Il ne s'agit point cette fois-ci de maîtriser les pouvoirs qu'ils emportent, ni de conjurer les hasards de leur apparition; il s'agit de déterminer les conditions de leur mise en jeu, d'imposer aux individus qui les tiennent un certain nombre de règles et ainsi de ne pas permettre à tout le monde d'avoir accès à eux.²¹⁸

There is, I believe, a third group of rules serving to control discourse. Here, we are no longer dealing with the mastery of the powers contained within discourse, nor with averting the hazards of its appearances; it is more a question of determining the conditions under

²¹⁸ Michel Foucault, *L'Ordre du Discours: Leçon Inaugurale Au Collège De France Prononcée le 2 Décembre 1970*. Paris: Gallimard, 2009, 38.

which it may be employed, of imposing a certain number of rules upon those individuals who employ it, thus denying access to everyone else.²¹⁹

As such, Louise Bourgeois's punishment is not solely the visible consequence of an ongoing conflict between midwives and surgeons: it can be traced to her appropriation of the surgeons' medical discourse, which she turned against them to scrutinize and expose their bad politics and lack of medical rigor. Guillemeau's response makes clear that Bourgeois' real fault is not to have contributed to Madame's death, but to have trespassed the hierarchical boundaries and usurped the male medical voice. He orders her to get back in line:

Ne vous meslez plus de reprendre les Docteurs [...] Contentez vous de nous l'avoir demonstrée à nostre grand dommage, & ne la publiez pas aux Provinces estrangeres. [...] Prevoyez ce qu'on peut tirer de vostre presumption et de vos escrits, et ne parlez plus si superbement contre les hommes qui sont plus experimentez et plus heureux que vous en la profession que vous faites.²²⁰

²¹⁹ Michel Foucault, "The Discourse On Language." *The Archaeology of Knowledge*, Trans. Alan Sheridan. New York: Pantheon Books, 1972, 224-225.

²²⁰ *Remonstrance a Madame Bourcier, Touchant Son Apologie*, in Louise Bourgeois, *Recit Veritable*, Geneva: Droz, 2000, 112.

Do not think of correcting the Doctors again [...] Be satisfied that you have shown it to us to our great damage, and do not publish it in the Foreign Provinces. [...] Expect what can be derived from your presumption and your writings, and speak not so superbly against men who are more experienced and more fortunate than you in your profession.

The vehemence of Guillemeau's open letter, forbidding Bourgeois to speak, write or publish about her practice of childbirth, underlines the surgeons' and physicians' desire to control not only women's bodies but also any discourse on these bodies. The interdiction to publish, in particular, demonstrates that male-midwives were extremely concerned with reputation and self-advancement. Having established women's health as their new medical territory, seventeenth-century male-midwives were eager to defend it by silencing whoever was not of their caste. In fact, when prohibition is not an option, Michel Foucault explains, the easiest and most satisfactory alternative is to prevent a subject from entering the discourse:

Raréfaction, cette fois, des sujets parlants; nul n'entrera dans l'ordre du discours s'il ne satisfait à certains exigences ou s'il n'est, d'entrée de jeu, qualifié pour le faire.²²¹

This amounts to a rarefaction among speaking subjects: none may enter into discourse on a specific subject unless he has satisfied certain conditions or if he is not, from the outset, qualified to do so.²²²

Ultimately, the politics of childbirth in seventeenth-century France revolves around the need, for surgeons, to let their own discourse proliferate, in the hope of stifling any dissenting voices. The content of their discourse is, in essence, scientific – the methods of delivering it, however, rely on rhetorical strategies of dilation, delay, and deferral, emphasized by a constant appeal to the audience's emotions and family values. While Duval and Mauriceau were free to indulge in narratives filled with pathetic or epic overtones, sometimes going as far as blurring the lines between science and fiction, all in the thinly-veiled goal of self-advancement and commercial venture, it was simply unacceptable for a midwife to enter the medical discourse at all. The violence of Charles Guillemeau's *Remonstrance*, which brutally ended Louise Bourgeois's career, reveals that for a midwife and a woman,

²²¹ Foucault, *L'Ordre du Discours*, 38.

²²² Foucault, *The Language of Discourse*, 224.

there was no place within the medical discourse, no place to question the surgeons' new authority.

CONCLUSION / POST-PARTUM

I began this investigation of the tensions between experiential and theoretical knowledge in the sick and pregnant body with a reading of Montaigne's travel journal, in which he makes a virulent critique of medicine and subsequently attempts to develop a personal ethics of medicine based on self-care and self-knowledge. Montaigne's critique was part of a long-standing discourse that dated back to Plato and continued well into the seventeenth century. Claimed as 'scientific' because it adhered to Aristotelian criteria, early modern medicine often proved to be contradictory, conjectural and downright dangerous. Montaigne's frustration and concern with his health led him, as a patient, to take matters into his own hands rather than trusting the inconsistent discourses of medical practitioners:

Mais icy, où il va de tout nostre estre, ce n'est pas sagesse de nous abandonner à la mercy de l'agitation de tant de vents contraires.²²³

Where all our being is at stake, it is not wisdom to abandon ourselves to the mercy and agitation of so many contrary winds.²²⁴

²²³ Montaigne, *Essais*, Book 2, Chapter 37, 771.

²²⁴ Montaigne, *Essays*, Trans. Donald Frame, 709.

Montaigne's attempts to establish a personal health regimen therefore involved putting both ancient and contemporary medical knowledge to the test of his own experiments. Conscious that every being is unique in their ailments, Montaigne rejected universalism and called for an individualized and holistic approach to the body, which, in its rebellion against established medicine and in its intellectual rigor, was quite exceptional in his time. However, biased by midwives' abysmal reputation, Montaigne could not have suspected that he shared so much of their ethic of the body, a similarly holistic approach that addressed the individual's specific needs and took into account a wide range of physical, nutritional, and emotional factors.

Resonating with Montaigne's singular approach and his insistence on experiential knowledge as a guide to restoring health, Louise Bourgeois's methods and philosophies also isolated her in the medical world. In introducing her practices in the medical manual of the *Observations*, she endeavored to promote the uniqueness of her therapeutic gestures, but she also concealed the full extent of her theoretical knowledge to stave off surgeons' anger or jealousy. Bourgeois's position was a complicated one: her combination of pragmatic and bookish knowledge made her a threat to other midwives and surgeons alike, as Madame Dupuis's accusations and Charles Guillemeau's *Remonstrance* attest. As a result, in her memoirs in the second volume of her book she seems to deviate from the

project of authenticity and accessibility that she had set herself in the first volume. From the sensorial auscultation of female bodies in Book I, Bourgeois moves to the celebration of the Queen as the ideal parturient mother who subjects herself to the will of the medical practitioner and models good behavior for others. In this approach, Bourgeois seems to take her cue from male-midwives: her self-fashioning directly borrows from that of men, who displace their own interiority onto the female body. The rhetoric at work in the *Récit Véritable* is thus strangely akin to that in the autobiographical tales of Duval or Mauriceau: it prioritizes visual elements and exercises discursive control over the delivery through suspenseful narrative and dilatory pockets. It also overtly borrows from male-authored treatises. For example, Bourgeois tells us that the Queen described her to the King as:

Une femme *encore assez jeune, grande et allègre*, qui a accouché
Madame d'Elbeuf, laquelle j'ai veüe à l'Hostel de Gondy. (II, 130, my
emphases)

A woman who is *still somewhat young, tall, and lively*; who delivered
Madame d'Elbeuf and whom I saw at the Gondi residence.

The royal midwife insists here on her youth, her strength and her good health, following the portrait of the ideal midwife offered by Jacques Guillemeau in his

1609 treatise titled *De l'Heureux Accouchement des Femmes* [On the Happy Delivery of Women]:

First, she must be of suitable age, neither too young, nor too old; well formed in her body, without being subject to any illness, and not deformed in any part, clean both in dress and person, having above all small, not coarse, clean hands, with rounded, short fingernails.²²⁵

For Bourgeois, whose position was precarious, as well as for male-midwives, whose status was rapidly evolving, establishing credibility was a pre-requisite for producing and disseminating knowledge. In this sense, publishing fictionalized accounts of what they claimed to be their ‘genuine, first-hand experience’ validated their medical discourse.

And yet, as Françoise Lionnet writes, “to read a narrative that depicts the journey of a female self striving to become the subject of her own discourse, the narrator of her own story, is to witness the unfolding of an autobiographical project.”²²⁶ In other words, in spite of having to engage in constant rhetorical negotiations between what was expected of her, what could be held against her and what little leeway she had to promote herself, Bourgeois undoubtedly managed to

²²⁵ Cited by Lianne McTavish in *Childbirth and the Display of Authority*, 89.

²²⁶ Françoise Lionnet, *Autobiographical Voices: Race, Gender, Self-Portraiture*. Ithaca: Cornell University Press, 1989, 91.

give a voice to the profession and art of midwifery precisely when emerging male-midwives sought to appropriate its feminine practices and recode them as neutral, ‘scientific’ gestures.

The second part of the seventeenth century saw the rise to prominence of male-midwives, who relegated midwives to the rank of mere assistants. These men did not completely distance midwives from maternity, as they insisted that the first quality of a good midwife was to possess physical strength in order to hold and help parturient mothers during delivery – but this specifically enabled them to circumscribe the midwives’ work to a purely physical presence. They consequently separated midwives from parturient mothers by replacing the former’s bodily experience of maternity with their own rationalized reinterpretation of the event. In addition, the fantasy of the mechanization of the body, exemplified by Descartes’s animal-machine or La Mettrie’s man-machine, accelerated the reification of the female body and its transformation into a pure object of study. Such *anatomia animate*—once a term used to describe vivisection, then used to refer to the mechanical animation of a body—turned the female body into a perfect clock, lacking only—and precisely—the ability to speak. By the end of the eighteenth century, fuelled by political concerns and demographic needs, pregnancy and childbirth had been entirely medicalized.

The overwhelmingly masculine production of obstetric knowledge on the female body has progressively drowned the female voice of midwives, but recent changes in *mentalités* and attitudes, stemming from feminist thought but also from an urgent need to reconsider our relationship to medicine and the medicalization of bodies, is bringing doulas and birth attendants once again to the fore. In fact, the “art of midwifery” that Bourgeois defended had never entirely disappeared from our culture, and since the 1970’s it has enjoyed renewed attention as women began to reclaim interpretative authority over their bodies. Narrative medicine will no doubt have a great role to play in these reconfigurations of power and agency. Ultimately, this suggests that there are other ways of understanding medical knowledge; rather than focusing on the widespread discourse of rationalist thought and post-Cartesian philosophy that we have inherited as our main means to knowledge, we can make room for a new genealogy of medicine, one that repositions experiential knowledge and traditional female practices of care at the heart of childbirth practices.

REFERENCES

- Antonioli, Roland. *Rabelais et la Médecine*. Genève: Droz, 1976. Print.
- Anzieu, Didier. *Le Moi-Peau*. Paris: Dunod, 1995. Print.
- Bakhtin, Mikhail. *Rabelais and His World*. Cambridge, Mass: M.I.T. Press, 1968. Print.
- Barthes, Roland. "L'effet de réel." in *Communications*, 11, 1968. *Recherches Sémiologiques: Le Vraisemblable*, 84-89. Print.
- . "Le Discours de l'Histoire." *Social Science Information*. Volume 6, Issue 4, 63-75. Print.
- Berriot-Salvadore, Evelyne. *Les Femmes Dans La Société Française De La Renaissance*, Geneva: Droz, 1990. Print.
- . "The Discourse of Medicine and Science." *A History of Women in the West: Renaissance and Enlightenment paradoxes*. Ed. Zemon Davis, Natalie and Farge, Arlette. Cambridge, Mass.: Belknap Press of Harvard University Press, 1992. Print.
- . *Un Corps, Un Destin: La Femme Dans La Médecine De La Renaissance*, Paris: H. Champion, 1993. Print.
- Blonsky, Marshall. *On Signs*. Johns Hopkins University Press, 1985. Print.
- Bourgeois Boursier, Louise. *Observations Diverses Sur La Sterilité Perte De Fruict Fæcondite Accouchements Et Maladies Des Femmes Et Enfants Nouveaux Naiz: Amplement Traictees Et Heureusement Practiquees*. Paris: Saugrain, 1626. Print.
- . *Recit Veritable De La Naissance De Messeigneurs Et Dames Les Enfans De France; Fidelle Relation De L'accouchement, Maladie Et Ouverture Du Corps De Feu Madame ; Suivie Du Rapport De L'ouverture Du Corps De Feu Madame; Remonstrance a Madame Bourcier, Touchant Son Apologie*. Ed. Rousset, François and Winn, Colette. Genève: Droz, 2000. Print.

- . *Diverse Observations*. Trans. Stephanie O'Hara. Ed. Alison Klairmont Lingo. Toronto: Iter, 2017. Print.
- Brancher, Dominique. "Les Ambigüités De La Pudeur Dans Le Discours Médical (1570-1620)." *Cahiers De L'Association Internationale Des Études Françaises*. (2003): 275-297. Print.
- Broomhall, Susan. *Women's Medical Work in Early Modern France*. Manchester Univ. Press, 2011. Print.
- Broomhall, Susan, and Van Gent, Jacqueline, ed. *Governing Masculinities in the Early Modern Period: Regulating Selves and Others*. London; New York: Routledge, 2016. Print.
- Butterworth, Emily. *Poisoned Words: Slander and Satire In Early Modern France*. Leeds, U.K.: Legenda, 2006. Print.
- . *The Unbridled Tongue: Babble and Gossip In Renaissance France*. Oxford University Press, 2016. Print.
- Buzon, Christine. "Le Soin de Soi dans le *Journal de Voyage* de Montaigne et l'Essai II, 37 (1580-1582)." *Le Corps et l'Esprit En Voyage: Le Voyage Thérapeutique*. Ed. Buzon, Christine, and Richard Pauchet, Odile. Paris: Classiques Garnier, 2012, 139-165. Print.
- Carlino, Andrea. *Books of the Body: Anatomical Ritual and Renaissance Learning*. Chicago: University of Chicago Press, 1999. Print.
- Céard, Jean. "La Culture du Corps. Montaigne et la Diététique de son Temps," *Le Parcours des Essais: Montaigne, 1588-1988*. Ed. Tetel and Mallary. Paris: Aux Amateurs de Livres, 1989, 83-96. Print.
- Chrestien, Guillaume. Translator. Hippocrates, *De La Nature de l'Enfant au Ventre de la Mère* [On the Nature of the Child in the Womb of the Mother], Reims: Bacquenois, 1553. Print.
- . Translator. Galen, *De la Formation des Enfants au Ventre de la Mère* [On the Formation of Children in the Mother's Womb], Paris: G. Cavellat, 1556. Print.

Coste, Joël. "Histoire de la médecine: maladies, malades, praticiens." *Annuaire de l'École Pratique des Hautes Etudes (EPHE), Section des Sciences Historiques et Philologiques*. n°139, 2008, 310-312. Print.

---. "La médecine pratique et ses genres littéraires en France à l'époque moderne." <http://www.bium.univparis5.fr/histmed/medica/medpratique.htm> Accessed 1 October 2017.

Courtine, Jean-Jacques and Haroche, Claudine, ed. *Histoire du Visage: Exprimer et Taire Ses Emotions (du XVIe Siècle au Début du XIXe Siècle)*. Paris: Payot & Rivages, 1994. Print.

Daston, Lorraine and Park, Katharine, ed. "The Hermaphrodite and the Orders of Nature: Sexual Ambiguity in Early Modern France." *Gay and Lesbian Quarterly*. 1 (1995): 419-38. Print.

Daston, Lorraine and Lunbeck, Elizabeth, ed. *Histories of Scientific Observation*. Chicago: University of Chicago Press, 2011. Print.

Davis, Natalie Z. *Fiction in the Archives: Pardon Tales and Their Tellers in Sixteenth-Century France*. Stanford University Press, 1987. Print.

Didi-Huberman, Georges. *Ouvrir Vénus: Nudité, Rêve, Cruauté*. Paris: Gallimard, 1999. Print.

Donnison, Jean. *Midwives and Medical Men: A History of Inter-Professional Rivalries and Women's Rights*, New York: Schoken, 1977. Print.

Dubois, Jacques, aka Sylvius, Jacobus. *Livre de la Génération de l'Homme* [Book on the Generation of Man], Paris: Guillaume Morel, 1558. Print.

Dubost, Jean-François. *Marie De Médicis: La Reine Dévoilée*. Paris: Payot, 2009. Print.

Duprat, Anne. "Corps Etrangers dans le *Journal de voyage* de Montaigne." *Viatica*, n° 1: Le Corps du Voyageur. <http://viatica.univ-bpclermont.fr/le-corps-du-voyageur/dossier/corps-etrange-dans-le-journal-de-voyage-de-montaigne> Accessed 1 October 2017.

- Duval, Jacques. *Des Hermaphrodits, Accouchemens Des Femmes, Et Traitement Qui Est Requis Pour Les Relever En Santé, & Bien Élever Leurs Enfants*. Rouen: David Geuffroy, 1612. Print.
- Eakin, Paul John, ed. *On Autobiography*. Minneapolis, University of Minnesota Press, 1989. Print.
- Elias, Norbert. *The Civilising Process*. New York: Urizen Books, 1978. Print.
- Erasmus, *De Duplici Copia Rerum Ac Verborum Commentarii Duo*. Paris: Josse Bade, 1512. Print.
- Erasmus, *De Utraque Verborum ac Rerum Copia*, in *Collected Works of Erasmus*, Ed. Thompson, Craig R, McGregor, Brian , and Knott, Betty I. University of Toronto Press, 1978. Print.
- Estienne, Charles. *La Dissection des parties du corps humain divisée en trois livres, faitz par Charles Estienne Docteur en Medecine*, Paris: Simon de Colines, 1546. Print.
- Fissell, Mary Elizabeth. *Vernacular Bodies: the Politics of Reproduction In Early Modern England*. Oxford: Oxford University Press, 2004. Print.
- Foucault, Michel. "The Discourse On Language." *The Archaeology of Knowledge*. Trans. Alan Sheridan. New York: Pantheon Books, 1972. Print.
- . *The Birth of The Clinic. An Archaeology of Medical Perception*. Trans. A.M. Sheridan. New York: Routledge, 1973. Print.
- . "L'écriture de Soi." *Corps écrit*, n° 5: L'Autoportrait, February 1983, 3-23. Print.
- . *Histoire de la Sexualité. L'Usage des Plaisirs. Volume Two*, Paris: Gallimard, 1984. Print.
- . *The History of Sexuality. The Use of Pleasure. Volume Two*. Trans. Robert Hurley. New York: Random House, 1985. Print.
- . *Les Anormaux. Cours au Collège de France (1974-1975.)* Paris: Gallimard, 1999. Print.

---. *L'Herméneutique du Sujet: Cours au Collège de France (1981-1982.)* Paris: Gallimard, 2001. Print.

---. *Abnormal: Lectures At the Collège De France (1974-1975.)* New York: Picador, 2003. Print.

---. *L'Ordre Du Discours: Leçon Inaugurale Au Collège De France Prononcée le 2 Décembre 1970.* Paris: Gallimard, 2009. Print.

---. *Naissance de la Clinique. Une Archéologie du Regard Médical* [1963]. Paris: PUF, 2009. Print.

Frame, Donald. *Montaigne: A Biography.* New York: Harcourt, Brace and World, 1965. Print.

---. *Montaigne's Travel Journal.* San Francisco: North Point Press, 1983. Print.

---. *The Complete Works of François Rabelais.* Berkeley: U of California P, 1991. Print.

French, R.K. *Dissection and Vivisection in the European Renaissance.* Aldershot, England: Ashgate, 1999. Print.

Fumaroli, Marc. *Histoire De La Rhétorique Dans L'Europe Moderne: 1450-1950.* Paris: Presses Universitaires de France, 1999. Print.

---. *L'âge De L'éloquence: Rhétorique et "Res Literaria" De La Renaissance Au Seuil De L'époque Classique.* Geneva: Droz, 2002. Print.

Gélis, Jacques, Morel, Marie-France, and Laget, Mireille. *Entrer dans la vie: naissances et enfances dans la France traditionnelle.* Paris: Gallimard-Julliard, 1978. Print.

Gélis, Jacques. *La Sage-Femme Ou Le Médecin: Une Nouvelle Conception De La Vie.* Paris: Fayard, 1988. Print.

---. *L'arbre Et Le Fruit: La Naissance Dans l'Occident Moderne, XVIe-XIXe Siècles,* Paris: Fayard, 1984. Print.

---. *History of Childbirth : Fertility, Pregnancy, and Birth in Early Modern Europe*. Boston: Northeastern University Press, 1991. Print.

Green, Monica H. *Women's Healthcare in the Medieval West: Texts and Contexts*. Aldershot: Ashgate, 2000. Print.

---, ed. *The Trotula: A Medieval Compendium of Women's Medicine*. Philadelphia: University of Pennsylvania Press, 2001. Print.

---. *Making Women's Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology*. Oxford University Press, 2008. Print.

---. "The Sources of Eucharius Rösslin's 'Rosegarden for Pregnant Women and Midwives' (1513)." *Medical History (pre-2012)* 53.2 (2009): 167-92. Print.

Greenblatt, Stephen. *Shakespearean Negotiations: The Circulation of Social Energy In Renaissance England*. Berkeley: U of California P, 1988. Print.

---. *Learning to Curse: Essays in Early Modern Culture*. New York: Routledge, 1990. Print.

Guillemeau, Jacques. *De l'heureux accouchement des femmes, où il est traicté du gouvernement de leur grossesse, de leur travail naturel et contre nature; du traictement es tant accouchées et de leurs maladies*, Paris: Nicolas Buon, 1609. Print.

Guillemeau, Charles. *De la Grossesse et Accouchement des Femmes*, Paris: Pacard, 1621. Print.

Grmek, Mirko, Ed. *Western Medical Thought from Antiquity to the Middle Ages*. Trans. Antony Shugaar, Cambridge, Mass.: Harvard University Press, 1998. Print.

Harvey, Elizabeth, ed. *Sensible Flesh: on Touch in Early Modern Culture*, Philadelphia: University of Pennsylvania Press, 2003. Print.

Healy, Margaret. "Journeying with the 'Stone': Montaigne's Healing Travel Journal." *Literature and Medicine*, n° 24 (2), 2006, 231-249. Print.

- Héroard, Jean. *Journal*. Ed. Soulié and De Barthélemy. Paris: Firmin-Didot Frères et Fils, 1868. Print.
- Hippocrates. *On the Art of Medicine*. Ed. Joel Eryn Mann. Leiden: Brill, 2012. Print.
- Irigaray, Luce. *Éthique de la différence sexuelle*. Paris: Minuit, 1984. Print.
- Joubert, Laurent. *Erreurs Populaires*. Bordeaux: Millanges, 1578. Print.
- Kaplan, Lindsay M. *The Culture of Slander In Early Modern England*. New York: Cambridge University Press, 1997. Print.
- Keller, Eve. *Generating Bodies and Gendered Selves: The Rhetoric of Reproduction in Early Modern England*, Seattle: U of Washington P, 2007. Print.
- King, Helen. *Midwifery, Obstetrics and the Rise of Gynaecology: The Uses of a Sixteenth-Century Compendium*. Aldershot: Ashgate, 2007. Print.
- Klairmont Lingo, Alison. "Empirics and Charlatans in Early Modern France: The Genesis of the Classification of the 'Other' in Medical Practice," *Journal of Social History* 19 (1986): 583–603. Print.
- . "Print's Role in the Politics of Women's Health Care in Early Modern France." *Culture and Identity In Early Modern Europe (1500-1800): Essays In Honor of Natalie Zemon Davis*. Ed. Diefendorf, Barbara B., and Hesse, Carla. Ann Arbor: U of Michigan P, 1993. 203-221. Print.
- Knibiehler, Yvonne, and Fouquet, Catherine. *La Femme et les Médecins: Analyse Historique*. Paris: Hachette, 1983. Print.
- Laget, Mireille. *Naissances: L'Accouchement avant l'Age de la Clinique*. Paris: Le Seuil, 1982. Print.
- Latour, Bruno. "Les Vues de l'Esprit. Une introduction à l'anthropologie des sciences et des techniques." *Culture Technique*, n°14, 1985. Print.

- Liébault, Jean. *Trois livres appartenant aux infirmités et maladies des femmes. Pris du latin de M. Jean Liebaut docteur medecin à Paris, et faicts François*. Paris: Jacques Du Puys, 1582. Print.
- Long, Kathleen P. *Hermaphrodites in Renaissance Europe*. Aldershot, England: Ashgate, 2006. Print.
- Mandressi, Rafael. *Le Regard De l'Anatomiste: Dissections Et Invention Du Corps En Occident*. Paris: Seuil, 2003. Print.
- Marin, Louis. *Le Récit Est Un Piège*. Paris: Minuit, 1978. Print.
- Marin, Louis. *Le Portrait Du Roi*. Paris: Minuit, 1981. Print.
- Mauquest de la Motte, Guillaume. *Traité Complet des Accouchemens: Naturels, Non Naturels, et Contre Nature, Expliqué dans un Grand Nombre d'Observations & de Réflexions sur l'Art d'Accoucher*, Paris: Laurent d'Houry, 1721. Print.
- Mauriceau, François. *Traité Des Maladies Des Femmes Grosses: Et De Celles Qui Sont Accouchées, Accompagné De Plusieurs Figures Convenables Au Sujet*. Paris: Coignard, 1668. Print.
- McEleney, Corey. *Futile Pleasures: Early Modern Literature and the Limits of Utility*. New York: Fordham University Press, 2017. Print.
- McTavish, Lianne. *Childbirth and the Display of Authority in Early Modern France*. Burlington, Vt.: Ashgate, 2004. Print.
- . "Blame and Vindication in the Early Modern Birthing Chamber." *Medical History*. 50.4 (2006): 447.
- Melehy, Hassan. *Writing Cogito: Montaigne, Descartes, and The Institution of the Modern Subject*. New York: State University of New York Press, 1997. Print.
- Merleau-Ponty, Maurice. *Le Visible et l'Invisible*. Paris: Gallimard, 1964. Print.
- Merlin-Kajman, Hélène. "Sentir, Ressentir: Emotion Privée, Langage Public." *Littératures Classiques* 2009/1 (N°68), 335-354. Print.

Montaigne, Michel. *Essais*. Ed. Villey and Saulnier. Paris: PUF, 1965. Print.

---. *The Complete Works: Essays, Travel Journal, Letters*. Trans. Donald Frame. New York: Alfred A. Knopf, 2003. Print.

---. *Journal de Voyage*. Ed. Fausta Garavini. Paris: Gallimard, 1983. Print.

Moureau, François, and Bernoulli, René, ed. *Autour du Journal de Voyage de Montaigne, 1580-1980*. Geneva: Slatkine, 1982. Print.

Newman, Karen. *Fetal Positions. Individualism, Science, Visuality*. Stanford University Press, 1996. Print.

Nicolas, Loïc. "La Fonction Héroïque: Parole Epidictique Et Enjeux De Qualification." *Rhetorica: A Journal of the History of Rhetoric*, Vol. 27 No. 2, Spring 2009, 115-141. Print.

Nicoud, Marilyn. *Les Régimes De Santé Au Moyen Âge: Naissance et Diffusion d'une Ecriture Médicale, XIII-XVe Siècle*. Rome: École Française de Rome, 2007. Print.

Paré, *Briefve Collection de l'administration anatomique*. Paris: Guillaume Cavellat, 1549. Print.

---. *Dix Livres de la Chirurgie, Avec le Magasin des Instruments Nécessaires à Icelle*, Paris: Jean Le Royer, 1564. Print.

---. *De la génération de l'homme et manière d'extraire les enfants hors du ventre de la mère and Des monstres tant terrestres que marins avec leurs portraits*, in *Deux Livres de Chirurgie*, Paris: André Wechel, 1573. Print.

Park, Katharine. "The Rediscovery of the Clitoris." *The Body in Parts: Fantasies of Corporeality in Early Modern Europe*. Ed. Hillman, David and Mazzio, Carla. New York: Routledge, 1997. Print.

---. "Natural Particulars: Medical Epistemology, Practice, and the Literature of Healing Springs." *Natural Particulars: Nature and the Disciplines in Renaissance Europe*. Ed. Grafton, Anthony and Siraisi, Nancy G. Cambridge: MIT Press, 1999, 347-368. Print.

- . *Secrets of Women: Gender, Generation, and the Origins of Human Dissection*. New York: Zone Books, 2006. Print.
- Parker, Patricia. *Literary Fat Ladies: Rhetoric, Gender, Property*. London: Methuen, 1987. Print.
- Parker, Patricia. "Dilation and Delay: Renaissance Matrices." *Poetics Today*. 5.3 (1984): 519-535. Print.
- Paster, Gail Kern. *The Body Embarrassed: Drama and the Disciplines of Shame In Early Modern England*. Ithaca, NY: Cornell University Press, 1993. Print.
- Pender, Stephen. "Signs of Interiority, or Epistemology in the Bodyshop." *Dalhousie review*, 85 (2), 221-237. Print.
- Pender, Stephen, and Struever, Nancy, ed. *Rhetoric and Medicine in Early Modern Europe*. Farnham, Surrey, England: Ashgate, 2012. Print.
- Périgot, Béatrice. "Le dialogue théorisé au XVI^e siècle: émergence d'un genre entre dialectique et littérature." *Loxias*, no. 4 (March 2004). Print.
- Perkins, Wendy. *Midwifery and Medicine In Early Modern France: Louise Bourgeois*. University of Exeter Press, 1996. Print.
- Pernot, Laurent. *Epideictic Rhetoric: Questioning the Stakes of Ancient Praise*. Austin: University of Texas Press, 2015. Print.
- Pomata, Gianna. "Praxis Historialis: The Uses of Historia in Early Modern Medicine." *Historia: Empiricism and Erudition in Early Modern Europe*. Ed. Pomata, Gianna and Siraisi, Nancy. Cambridge, Mass: MIT Press; 2005. Print.
- Preston, Claire. "Robert Boyle's 'Accidents of an Ague' and its precursors." *The Palgrave Handbook of Early Modern Literature and Science*. Ed. Marchitello, Howard, and Evelyn Tribble. London: Palgrave MacMillan, 2017. Print.
- Read, Kirk. *Birthing Bodies in Early Modern France: Stories of Gender and Reproduction*. Farnham: Ashgate, 2011. Print.

Recueil Général des Caquets de l'Accouchée, Troyes: Parre Piot, 1622. Print.

Rabelais, François. *Oeuvres Complètes*. Paris: Gallimard, 1994. Print.

Rabelais, François. *The Complete Works of François Rabelais*, Trans. Donald M. Frame. Berkeley: University of California Press, 1991. Print.

Rabelais, Écrivain-Médecin. Paris: Garance, 1959. Print.

Roberts, K.B. *The Fabric of the Body: European Traditions of Anatomical Illustrations*. Oxford: Clarendon Press, 1992. Print.

Rösslin, Eucharius. *Des divers travaulx et enfentemens des femmes, et par quel moyen l'on doit survenir aux accidens qui peuvent escheoir devant et apres iceulx travaulx. Item quel lait et quelle nourrisse on doit eslire aux enfans: ensemble aucuns remedes concernens plusieurs maladies survenantes ausdits enfans nouveaux nez*. Paris: Foucher, 1536. Print.

Rousset, François. *Traité Nouveau de l'Hysterotomotokie, ou Enfentement Caesarien*. Paris: Denys Du Val, 1581. Print.

Rowe, Katherine. "God's Handy Worke." *The Body in Parts: Fantasies of Corporeality in Early Modern Europe* Hillman, David, and Mazzio, Carla. New York: Routledge, 1997, 285-309. Print.

Read, Kirk D. *Birthing Bodies in Early Modern France: Stories of Gender and Reproduction*. Farnham, Surrey: Ashgate, 2011. Print.

Rouch, Hélène. "Le Placenta comme Tiers." *Langages*, 21st year, n°85, 1987. 71-79. Print.

Sawday, Jonathan. *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture*. London-New York: Routledge, 1995. Print.

Starobinski, Jean. *Montaigne en mouvement*. Paris: Gallimard, 1982. Print.

Starobinski, Jean. "The Body's Moment." Trans. John Gallucci. *Montaigne, Essays in Reading. Yale French Studies*, n°64, 1983, 279-280. Print.

Tucker, Holly. *Pregnant Fictions: Childbirth and the Fairy Tale In Early-Modern France*. Detroit: Wayne State University Press, 2003. Print.

Vallambert, Simon de. *De Optimo Genere Disputandi Colloquendique*. Paris: Morel, 1551. Print.

---. *Cinq Livres de la Manière de Nourrir et Gouverner les Enfants* [Five Books on the Way to Feed and Govern Children]. Poitiers: De Marnefs, 1565. Print.

Valois, Marguerite de. *Mémoires & Discours*. Ed. Eliane Viennot. Saint-Etienne: Publications de l'Université de Saint-Etienne, 2004. Print.

Wilson, Adrian. *The Making of Man-Midwifery: Childbirth in England, 1660-1770*. London: UCL Press, 1995. Print.

Worth-Stylianou, Valerie. *Les traités d'obstétrique en langue française au seuil de la modernité: Bibliographie critique des "Divers Travaulx" d'Euchaire Rösslin (1536) à "L'apologie de Louyse Bourgeois sage-femme" (1627.)* Genève: Droz, 2007. Print.

---. "Telling tales of death in childbirth: the interfaces between fiction and medical treatises in Early Modern France," *Women. A Cultural Review*, 17-3, 2006, 325-340. Print.

---. *Pregnancy and Birth in Early Modern France: Treatises by Caring Physicians and Surgeons (1581-1625.)* Toronto: Iter Inc, 2014. Print.

Zemon Davis, Natalie. *Fiction in the Archives: Pardon Tales and Their Tellers in Sixteenth-Century France*. Stanford: Stanford University Press, 1987. Print.